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PSYCHO-
ANALYSIS
TODAY

This book is dedicated to the
memory of

**SIGMUND
FREUD**

Born May 6, 1856

Died September 23, 1939

PSYCHO- ANALYSIS TODAY

edited by
SÁNDOR
LORAND
M.D.



London

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PREFACE

THE year 1943 marked the fiftieth anniversary of the inception of psychoanalytic thought. With the publication of his paper, "Psychical Mechanisms of Hysterical Phenomena," Freud, in collaboration with Breuer, started a new method of treating illness. The knowledge and information acquired in the minute analysis which constituted this method enabled him to penetrate hitherto unexplored territories of the human mind.

After half a century psychoanalysis is still a young science, but it has invaded every branch of modern life and thought, and today is one of the powerful influences affecting our social structure.

There is no psychological thought today that does not owe something to Freud. The understanding of personality structure, which understanding came as a result of the investigation of normal and abnormal personality development, has thrown new light upon the multiple and dynamic action of the psyche. It has given a new perspective to the psychiatrist and student of psychology. The scope of psychoanalysis broadened with each new discovery. Before long, it outgrew the domain of medicine and gradually became a part of general human knowledge, producing a revolutionary effect upon the approach to pedagogy, criminology, anthropology, art and all human relationships.

The rapid pace with which psychoanalysis has grown during the last ten years in the United States is reflected in the number of Psychoanalytic Institutes and Societies which have come into being. From 1911 until 1930 the New York Society was the only one in the country. Today, Boston, Chicago, Washington-Baltimore, Philadelphia, Topeka, Detroit and San Francisco each have a Psychoanalytic Society and six of these cities have Training Institutes as well. The functions of the Training Institutes are to train physicians for the practice of psychoanalysis and to disseminate information through lectures to social workers, teachers, students of psychology, and the general public, on the scope, function and application of this science.

Most of the contributors to this book are well-known to the reader. They have helped to further the development of the theory and technique of psychoanalysis. For the sake of easier

comprehension the book has been divided into six parts: 1. Medicine and psychosomatics, 2. Education and social work, 3. Neuroses, 4. Psychoses, 5. Problems of therapy, and 6. Applied Psychoanalysis.

In bringing together these essays, my aim has been to depict the progress in psychoanalytic research and to give to psychiatrists, medical men, social workers, educators and others to whom the problems of contemporary life are important, a comprehensive survey of the contributions of psychoanalysis to the healing sciences and general culture.

SÁNDOR LORAND, M.D.

New York City
March, 1944

FOREWORD

ANY enterprise which would have for its main object the complete portrayal of the present-day situation in the development of psychoanalysis would require the efforts of an historical superman.

It is just short of fifty years since Freud made his initial contribution to the study of certain types of human suffering. This was but the first bubbling from a rich spring of clear understanding of the human personality which has become, in the few decades of its further outpourings, a veritable Amazon among the streams of scientific thought. Of the origins, sources, reinforcements, and tortuous early flowing of this cultural stream Freud himself has written in the *History of the Psychoanalytic Movement*,¹ which no serious student of the mental sciences can afford to neglect. This same student should also acquaint himself with the short autobiography of Freud which, as he himself states, is concerned chiefly with the history of psychoanalysis.²

"These Eventful Years," an article published in the *Encyclopedia Britannica* (1924), should also be read by anyone wishing to orient himself to the background which the present collection of essays aims to explain in the terms of the latest developments. To round out the outlines of psychoanalytical history still further, one other contribution—*The Significance of Psychoanalysis for the Mental Sciences*,³ by O. Rank and H. Sachs—is of much significance, since it clearly indicates in what directions the original scheme of the studies pursued by Freud and his circle had begun to develop as far back as 1913. Here is a vision of the manifold possibilities incidental to the spread of the applications of the conceptions originally enunciated by Freud. The rich fulfillment of this vision is history.

These are but a few of the outstanding historical beacons to which attention is here drawn, since the present collection offers

¹ Original in *Jahrbuch für psa. Forsch.*, VI, 207, 1914; reproduced in *Gesammelte Schriften*, IV, 411, 1924, and translated into English by A. A. Brill, M.D., *Nervous and Mental Disease Monograph Series*, No. 25, New York and Washington, 1917.

² Translated by James Strachey in *The Problem of Lay Analysis*: Brentano's, New York, 1927.

³ *Nervous and Mental Disease Monograph Series*, No. 23, New York and Washington, 1916.

an entirely different orientation. If, to change our metaphor, we would liken the development of psychoanalysis to the growth of a robust oak, the essays gathered here might be termed cross-section pictures of many of the sturdy limbs of this, selfsame tree. It would require a voluminous treatise to bring together all of the various growing branches of medical, pedagogical, mythological, religious, ethnological, anthropological, aesthetic, philological, sociological, legal, literary, and artistic activities which have been infused with the enzyme or hormone of the original sparks of genius from the Freudian germ. Entirely new issues have sprung up in all these fields; new orientations have changed the topography in certain fields of art and science, and are beginning to operate in others still bound by the fetters of older invested thinking. In the law, in politics, and in economics, these new tools that make for clarity of thought are cutting even into the most conservative of man's habitual modes of emotionally controlled conduct. The universally, monotonously repeated, but faulty rationalizations in all fields of knowledge are having a new searchlight thrown upon them, and beliefs in magic, in superstition, in the still countless gods of fear, and in faulty ideologies, show signs of retreat in high as well as in low places.

The millennium, however, is far away and though much has been accomplished, the future stretches away into the land of going-to-be. Fifty years is as nothing when efforts at changing human beings and human institutions are concerned.

The human organism is an historical event. In the language of "holism"⁴—"Man is but a focus of happening, a gateway through which the infinite stream of change flows ceaselessly. The sensible organism is only a point, a sort of transit station which stands for an infinite past of development, for the history and experience of untold millions of ancestors, and in a vague indefinite way for the future which will include an indefinite number of descendants. The past, the present, the future all meet in that little structural centre, that little wayside station on the infinite trail of life."

It is of little consequence that, from the larger cosmic view of the universe, man^o is but a little wayside station on the infinite trail of life. For himself—as a living feeling organism—he is the whole of life, and, even in the cosmic sense, as a time-binding animal he contains all of the past and the hope of an equal span of future. That hope must meet with the wise use of his past patterning, else it is futile, and in that struggle between the reality

⁴ J. C. Smuts, *Holism and Evolution*, p. 114. Macmillan, 1926.

and the pleasure principles lies the glory and tragedy of his success or failure in making the best use of his heritage.

The thought is as old as Homer who spoke of the soul as active in all parts of the body. It is repeated in the language of religion when it is said that man is made in the image of God, i.e. of Creation. It is made more concrete and biological in the language of psychoanalysis wherein one speaks of the theory of "instincts" and of being lived by the "id," i.e. by the primary impulses of action patterns which operate because of their survival value.

Of many of the present-day formulations of these action patternings, this collection of essays offers penetrating and illuminating pictures. Psychoanalysis is a young, vigorous, and growing science. Its founder and the active group of students here represented in part have had occasion to grow and to change their ideas as new discoveries in an untrodden field have shown earlier formulations to be incomplete. It would be presumptuous to claim that these present contributions represent immutable laws; such dogmatic attitudes have from the beginning been resisted by Freud and his co-workers. They merely represent present-day attitudes and, as partial pictures of a progressive body of growing truths, they are offered with the conviction that they will serve as worthy agents in furthering human progress.

SMITH ELY JELLIFFE, M.D., PH.D.

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SÁNDOR FERENCZI, M.D.*

FREUD'S INFLUENCE ON MEDICINE

IF ONE wishes to discuss in a constructive manner the significance of a person to science or to a branch of it, it would be of importance to describe the state of the development of the science before that person appeared and also the changes taking place under his influence. But even such a description would hardly satisfy the deeper desire for causality. We would have to point out in detail whether existent material had merely been synthesized by a constructive mind or whether an intellectual light had, like a meteor, struck an unsuspecting and unprepared world. Finally, we cannot evade the question as to what degree chance and to what extent rare personal peculiarities are to be considered the decisive factors in the discovery of a new science and its formulation into theory. If the investigation has been carried up to this point, there still remains the task of supplementing the contributions with a kind of personality study.

To portray Freud's influence on medicine, I must limit myself to remarks on these problems, but above all, I must expound the accidental factors. Without doubt it was an accident that the otherwise well deserving Viennese physician, Dr. Josef Breuer, had an intelligent female patient under hypnotic treatment, who observed in herself the favorable effect of talking about the content of her fantasies and called her physician's attention to her observation. Literally, she is the discoverer of the original cathartic method. It was another casualty which later brought Sigmund Freud into personal contact with Breuer. But it certainly was no chance incident that Breuer, notwithstanding profound insight into the importance of the discovery from the psychological as well as from the pathological angle, soon discontinued interest in these problems and no longer associated himself with Freud or his further studies. It is no longer a secret to what qualities in him, Freud owes his perseverance and his results in the scientific development of psychoanalysis. Of these qualities I name his objectivity, which remained unaffected, even before the problems of sex. Strange as it sounds, it is nevertheless true that, before Freud, even

* Died 1933. As this paper is of basic importance and has not been outdated, it has been included in this volume.—Ed.

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those who considered themselves enlightened were not free of moral scruples in sex matters; they left untouched the psychological side of love-life.

Only two courageous men dared, at least descriptively, to make the most repulsive peculiarities of sexual life the subject of an extensive study. These were the Viennese Krafft-Ebing and the Englishman Havelock Ellis, whose examples were soon followed by some German and Swiss scholars. The first attempts of Freud toward the explanation of Breuer's discovery soon led to the investigation of sexual problems. His friends and colleagues who recognized his genius only as long as he concerned himself with the moral, harmless questions about aphasia and cerebral infantile paralysis took to their heels and deserted him. Soon, even Breuer associated himself with those who did not wish to collaborate with Freud in his study of these unaesthetic, hence unedifying things, and Freud stood alone. There began a period of his life which deserves to be called the heroic one and in which he produced the *Interpretation of Dreams*, the permanent foundation for all of his later ideas. Today, more than thirty years after its first publication, we still see the declining reaction of the rest of the world, which certainly points to the fact that psychoanalysis did not come up to the requirements of the scientific and medical world.

Another characteristic which predestined Freud to become the discoverer of psychoanalysis was his unrelenting criticism of the insufficiency of therapeutic ability and theoretical knowledge of that time, which evidenced itself in inadequacy and perplexity when dealing with neuroses. He became convinced of the futility of electro-therapy for the neuroses at a time when, almost like today, the faradaic and galvanic apparatus was the chief weapon of the physician dealing with the so-called functional diseases. The transiency and unreliableness of the occasional results obtained by hypnotic and suggestive influence occasioned Freud to give up these methods. It would have been easy, particularly in the medical atmosphere in which he grew up, to accept the smug idea of medical nihilism, and to enjoy without a care his rapidly growing neurological practice. But through a specific trait in Freud, which included a zealous drive for truth which did not permit him to halt at mere criticism of the prevailing order of things, his inquisitive mind gave him no rest until the questions which he had once raised had been solved and that wholly without external aid. The work involved in this seemed insurmountable, for it was a matter of solving a problem with many unknowns. As Breuer and Freud

FREUD'S INFLUENCE ON MEDICINE

already had recognized, the causes of neurotic symptoms were conjectured to lie in the unconscious psychic life, which is inaccessible to direct examination. As we have just mentioned, Freud deliberately dropped the methods of hypnosis and suggestion which permitted partial access to this unconscious system. He believed that, measured by the standard of psychological knowledge of the time, the efficacy of these methods must appear inexplicable or even mystical. Knowledge gathered through their application bears the marks of the mystical and does not meet the scientific requirement of clarity. Yet Freud had success with the improbable; the apparently unfathomable was exposed by his method of free association.

It is not easy to define the word genius, but I believe the term is appropriate to one who finds a solution to a hopeless situation of the sort outlined above. I do not hesitate to say that with this idea of Freud, the future of psychology and all of its applications have been settled. It is no exaggeration to attribute to this idea, which arose in Freud's mind, all later developments in these sciences. Modern psychology was born at the moment Freud's main idea was conceived.

It was then necessary to sift the enormous amount of material which the new method had collected and to classify it scientifically. Whether for good or evil, Freud had soon to formulate a skeletal outline for his theory, a construction which, though it has been altered, modified, and remodeled many times, remains sound in its main details up to the present day. This construction is the so-called metapsychology. Briefly, I shall try to explain what we understand by this. Freud could not explain the origin of neurotic symptoms without imagining psychic functions in some spatial system where forces of certain intensity and quantity were interacting. The first topical division in psychic functions was the separation of the conscious and unconscious systems and the first idea of dynamics was that there was a conflict between the forces resident in each system. The outcome of this conflict depended on the economic relation between the two forces, yet the sum of the two psychic forces could practically always be considered constant. We need not be startled by the fact that the uninitiated regard this construction as fantastic; if one wished, he can call it a scientific fantasy. But every scientific theory is fantasy, and it is serviceable as such as long as it meets practical requirements and agrees with the facts of experience. Freud's metapsychologic system does this fully. It places us in the position to understand the disturbances in the psychic life of a patient as a result of such and similar conflicts,

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even in the position of favorably influencing the faulty distribution of those forces. Freud's later work caused the supersession of this very simple system with a much more complicated one. He was able to trace the motor force behind the psychic life to its biological source and to confirm its analogy with physical driving force. Leaving practical considerations aside, he did not permit himself to be led astray into denying the multiformity which manifested itself in this, nor did the illusion of a premature system of unification influence him to abandon his ideas which showed gaps, were not fully satisfactory, and yet were in accord with reality.

I do not hesitate to state that this construction of Freud's is in itself of the most important scientific significance. It means nothing less than the first attempt to solve something pertaining to the physics and physiology of psychic phenomena. The only means to this end was the penetrating psychoanalytic investigation into the psychic life of the sick and normal person. Up to this time, anatomy and physiology contributed absolutely no information about the finer psychic processes. Medical science stared rigidly, as if hypnotized, into the microscope and anticipated, from a knowledge of the development and the course of nerve fibres in the brain, the "how" of psychic functions. But these developments showed no more than the crudest facts about motor and sensory functions. Since no neurosis or functional psychosis revealed any changes in the brain, medical science was at a loss what to do about these pathologic conditions. The mistake lay in the fact that physicians before Freud's time were trained one-sidedly and materialistically. The striking psychic facts which play such an important role in our personal lives as well as in the lives of the patients were considered a kind of reality of minor importance to which no serious-minded scientist could apply himself. Psychology *per se* was abandoned and left to the dilettanti and bellettrists. Timidity about unfounded generalization guarded Freud from the error of uniting prematurely the psychic and physical into materialistic monism, as was otherwise customary. His spirit of honesty prevailed on him to recognize the fact that psychic life was accessible only through introspective methods, that is, from the subjective side; further, that facts which become intelligible through subjective methods have full acceptance as to their psychic reality. Thus Freud became a dualist, a term which most physical scientists have regarded, and still regard, as almost opprobrious. I do not believe that Freud has scruples against the monistic conception of knowledge. His dualism only says that this unification is not possible at

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present, not in the near future, perhaps not completely unifiable at all. On no account should one confuse Freud's dualism with the naïve separation of a living organism into a body and a mind. He is always mindful of the anatomic-physiological facts concerning the nervous system. He pursues his psychologic investigations up to the point of the human impulses, which he comprehends as a dividing line between the psychic and the physical, a line which he does not believe psychologic interpretation should cross, because it seems incompetent to do so. On the other hand, just as his metapsychologic system, which is constructed on the pattern of the reflex arc, shows, even in his pure psychologic investigations, he cannot dispense with the analogies of natural science. To describe this form of dualism, I must coin a new word, namely *utraquism*, and I believe that this method of investigation of natural as well as mental science merits a great future.

One of the most remarkable things about the psychology of Freud is that it not only writes down the content, i.e. a lexicon of the unconscious, but also formulates the rules of peculiar grammar and primitive logic which reign there so that the strange productions of the dream, the slips of everyday life, and neurotic and psychotic symptoms become full of meaning and intelligible. You will admit that a physician who understands the language of the psychotic and neurotic patient and who can use it, so to speak, etiologically and etymologically, faces these sicknesses with a very different understanding from that of the natural scientist who is little concerned about the origin of each individual phenomenon and who, in the treatment of this condition, is guided exclusively by his artist-like intuition. No one will wish to deny that even before Freud there were distinguished psycho-therapists, who in the treatment of psychosis and neurosis were surprisingly clever and successful. But their art could not be learned; the fortunate ones who possessed such talents could not, even with the best intentions, give instruction in their manner of approach. In this contact between patient and physician, the psychoanalyst would say that it was a dialogue between two unconscious minds. The unconscious of the physician understood the unconscious of the patient and had then permitted the appropriate answer or idea of the proper remedy to arise in the physician's conscious mind. The progress which psychoanalysis signifies in medical practice is chiefly that, that out of this therapeutic art it has made a science which can be learned by every intelligent physician with as much ease or difficulty as he learns surgery or internal medicine. Naturally there

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will always be artists in psychoanalysis as there are in the other branches of healing. But presupposing the proper preparation and adherence to the instructions laid down by Freud in his works, there will be no obstacle in the way toward such training, even to the degree demanded of the specialist.

Those of practical disposition may become impatient, not having enough information about the practical results of psychoanalysis. Are we able through its application to obtain more thorough and more frequent results and in shorter time when all other psychotherapeutic measures fail? Is it the one form of psychotherapy which leads to happiness, and are there no cases where other methods are preferable? In order to answer these questions openly I will disillusion those who believe that the motto of the surgeon, *Cito, tuto et jucunde*, is applicable to analysis. Analysis is no quick but rather a very prolonged method of cure. Usually an analysis lasts for months, in severe cases, years. This can hardly be called a matter of convenience. It promises no absolute painlessness; in fact, tolerance of psychic pain which cannot be avoided and which has a real basis is one of the ends it hopes to develop in the patient. One will also permit himself no more than a surmise about the certainty of the final result. In no event does psychoanalysis belong to that group of enviable methods such as hypnotism which can simply blow symptoms away. It places no faith in the permanency of such methods; it is certain that the dust raised by such a process must settle somewhere. It rather seeks radically to clean the psychopathic foci. If anywhere, the proverb—*Si duo faciunt idem non est idem*—applies here. Psychoanalysis acknowledges that it is not suitable in all cases of neurosis; thus other forms of psychotherapy also have their field of application. At present it is not adapted to mass treatment. What it does anticipate in the future, however, is that the other methods will become permeated by its spirit. The trained analyst will have, as a hypnotist, a psychotherapist, or a director of an asylum, much better results and will show much better judgment than he who makes no effort to discover the probable etiology of the psychogenic symptoms from the data at hand. In this sense we can confidently prophesy that no form of psychotherapy will be able permanently to avoid being influenced by Freud's ideas. This actually takes place today to a large extent, even though the process is masked under a different standard.

The great changes which have taken place in psychiatry since Freud's concepts have penetrated the walls of asylums are well-

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known facts. No one is satisfied any longer with the traditional descriptive method of labeling cases according to their symptomatic grouping. There is a need for intelligible relationships and connections which certainly were not conspicuous in pre-Freudian literature. We can predict that the insane asylum will be transformed into a psycho-therapeutic institution in which psycho-analytically trained physicians will occupy themselves with each case every day, and, if possible, for an hour a day. No matter how difficult it is to attain this ideal, it will hardly be possible to shun it. What the old master of French psychiatry, Pinel, following the goodness of his heart, accomplished externally—releasing the psychopath from unnecessary fetters—Freud has repeated from the intellectual side. Due to his discovery, the symptoms of the insane have ceased to be a collection of abnormalities which by the unthinking were declared to be crazy, ridiculous, and without meaning. The psychopath also speaks a language which is intelligible to the competent expert. Thus the deep chasm which existed between the mentally normal and mentally deranged person was first bridged over.

The great transformation in the study of the neuroses and in psychiatry which Freud not only inaugurated but brought to a kind of completion in more than thirty years of indefatigable work is to be compared to the transformation in internal medicine through the clinical methods of percussion, auscultation, measurement of temperature, X-ray, bacteriology, and chemistry. Before these discoveries there were sensitive, successful physicians, too. But today no physician of normal mind would depend exclusively on his keen sense and purposely fail to convince himself objectively of the correctness or incorrectness of his reflections. Psychoanalysis has raised knowledge about the neuroses and psychoses to a new scientific level, and this work cannot be undone any more. Of course there are many ways by which medicine can make use of the Freudian ideas. One would be that psychoanalysis, as a distinct science, would be further suppressed and repressed so that its fruitful ideas seep along all possible routes into all branches of science. In this way it would be plowed under a fertilizer, so that the moral and aesthetic sense of gentlemanly scholars would not be injured by its unappetizing aspects. Thus they would be permitted to enjoy in composure the beautiful blossoms nourished by it. But to consider this possibility seriously is unbelievable. It has been the good fortune of the discoverer of psychoanalysis to live

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long enough to establish his work firmly and to protect it from these numerous attempts at dissolution.

Freud was also able to complete sufficiently the neglected research into the hidden powers behind instinctual life, so that finally he could turn to the more obvious and acceptable function of consciousness. I refer to his beginning in scientific ego psychology, which finally contained, in substantial form, explanations of the higher psychic functions—intelligence, conscience, morality, idealism, etc. Such explanations were sorely needed by his contemporaries. Freud certainly did not occupy himself with the aberrations of sexual life and with the animal aggressive instincts because of a personal preference, but because there was no other Hercules to bring order into this Augean stable. He was a plain investigator of reality; social views and prejudices occupied him little. Yet from the very beginning he recognized that, besides instinctual life, the power of repressing forces, social adjustment, and sublimation of these instincts were factors of equal if not greater importance in his studies. Overlooking this point can be attributed only to the blind hate or blind fear of his contemporaries. The result, however, was that one said he delved into the dirty instincts; the others hurled such expressions as "pansexuality" and "dangerous psychic epidemic" at his teachings.

But the period of these reactions of fury seems to be nearing its end. Even though they speak timidly, more and more voices, among them distinguished ones, at least partially confirm Freud's teachings. It is striking that such substantiations come not only from psychiatrists, but from circles of internists, gynaecologists, pediatricians, dermatologists, and so on. They state that many a problematic case in their field of specialization has become intelligible and accessible to therapy only because of a psychoanalytic explanation. Consideration of unconscious psychic factors in the pathogenesis of disease seems to spread almost like an epidemic. Many distinguished physicians occupy themselves intensively with analytic therapy in organic disease. To be sure, these are only promising beginnings but their future significance cannot be denied. To medicine which has been segmented into all the specialities, psychoanalysis has been a benefactor, for it reminds one, in every form of disease, to treat the patient as well as the disease. This has always been recognized in principle, but rarely in practice because of the want of real psychological knowledge. To use gross exaggeration, we could say that heretofore medicine has acted as though a patient were anencephalous and as though the highest

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comprehending powers, which we call psychic, had nothing to say in the matter of the struggles of the organs against the disease. It is certainly time that we take seriously the expression "the individual treatment of the patient."

The separatist movements which are manifest in all great ideas did not leave psychoanalysis untouched. But it is out of place to go into them in detail here. Suffice it to say that the importance of the individual schismatics is small compared to Freud's. It is unfair to mention their names along with his, as so many scientific publications often do. The whole incident reminds one of the satiric words of that thoughtful and original professor of pathology in Vienna, Samuel Stricker, who supplemented the communications of his own discoveries with the remark: "But then Mr. Modifier has to be considered." This does not imply that their efforts contain nothing of value or interest.

All institutes solely devoted to psychoanalysis owe their establishment to private initiative. Occasionally they have had to combat the indifference, even the antipathy, of official groups. Everywhere the universities have been the most conservative in their attitude. Nothing illustrates this better than the fact that the author of psychoanalysis has never been approached to give an official course of study, though he has been given the honorary title of professor for his accomplishments.

It was a divine inspiration which prompted Freud to introduce his *Interpretations of Dreams* with the prophetic phrase, *Flectere si nequeo superos, acheronta movebo*. With this he meant to characterize the scientific fact that the most important problems of the human mind are attacked only from the depths of the unconscious. But the motto may be interpreted in another sense.

I can state that until Freud, medicine had been taught as a purely natural science. One attended a health technical high school from which one graduated with much theoretical and practical knowledge, yet ignorant of the human psyche. But out in the world of medical practice the psychological factor in therapy is as important as the objective finding in the organ. I can imagine how much effort and pain might have been spared had I, as a student been taught the art of dealing with transference and resistance. I envy the medical student of the near future who will be taught this. The humanization of the university course of study will become an absolute necessity and it finally will come about.

A particular difficulty in learning psychoanalysis lies in the fact

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that its method, as mentioned, is dualistic or utraquistic. Accurate observation of the objective attitude of the patient including what he says, that is the so-called "behavior," is not enough. Psychoanalysis demands of the physician untiring sensitivity to all of the patient's ideational associations, his emotions, and his unconscious processes. To do this it is necessary that the physician have a flexible, plastic psyche himself. He can attain this only by being analyzed himself. How the future medical student will attain this profound self-knowledge is a difficult question to answer. The training of a psychoanalytic specialist requires, apart from theoretical study, a didactic analysis of at least a year's duration. One cannot demand as much of the practitioner of the future, yet this sometimes painful process cannot be dispensed with altogether. It is an old, well-known fact that diabetic physicians are most sensitive to the handling of diabetic patients, and the same is true of the tuberculous physician. The Viennese professor Oser who lectured on gastric pathology told us that he was interested in the subject because of his own stomach disorder. Naturally we cannot expect the future physician to expose himself to and contract all sorts of infectious diseases in order better to understand and treat patients with such disease. Yet psychoanalysis demands something of this kind when it requires a psychic sensitivity on the part of the physician to the abnormalities of the patient. The difference between this situation and the one just mentioned, however, lies in the fact that each of us, has, according to the discoveries of psychoanalysis, virtual potentiality for his sympathetic feeling in his own unconscious. We need only remove the acquired resistance to this unconscious power to make it conscious, so that it becomes serviceable in the understanding of the patient. I am convinced that efforts in such directions are more than worth while. Scientifically founded knowledge of mankind will help bring back to the practical physician the authority which he has lost as adviser to the individual, to his family, and to society when they find themselves in difficult situations. I trust it will be remembered whose life-work was dedicated to raising his position and authority again.

A few more words about the geographical extension of psychoanalysis, or as the man Hoche called it—the psychoanalytic plague. Completely misunderstanding the essentials of psychoanalysis, some particularly vicious antagonists of Freud stated that psychoanalysis, or as they termed it, sexual psychoanalysis, could have been produced only in the frivolous, gay atmosphere of Vienna. One comment from an Anglo-Saxon country was, "Perhaps one dreams such

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things in Austria's capital city, but our dreams are more respectable." Psychoanalysis claims that repression of libidinal tendencies is the cause of neuroses. Hence, according to Freud's opponents, such a teaching must have arisen in a land where prudery and repression are at home. But in reality a country not characterized particularly by prudery was the most unsuitable place for the recognition of psychoanalysis. France, Austria, and Italy are such countries where psychoanalysis met with the greatest opposition, while England and America, countries with a particularly rigid sex morality, showed themselves much more receptive.

Some did not miss the opportunity to judge Freud's work from a racial angle and to attribute it to his Semitic blood. It is said that Lord Balfour, in the dedication of the new university of Jerusalem, called Freud one of the representatives of intellectual Judaism. But many others referred to his Semitism with much less goodwill. I do not believe that our knowledge of racial psychology has developed to a point where we can say something definite about the soundness of these remarks. At any rate, these comments are rather an honour to the Jewish race than a debasement of Freud.

In conclusion, I wish to point out that Freud tore down the rigid line of demarcation between natural and mental science. Psychoanalysis has not only promoted mutual understanding between the physician and the patient, but it has also made natural and mental science understandable to each other whereas before they were strange and foreign. To attain such an end Freud had to renounce his feeling of self-complacency which has characterized the physician of the past. He began to believe, in the saying of Schweniger, that "every person must be a physician and every physician must be a person."

Freud's influence on medicine signifies a formal mutation, a radical stimulus to the development of this science. Potentiality for such development might have existed for a long time, yet for actual execution it had to await the coming of a personality like Freud.

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THAT which will be understood by "mental apparatus" in the following section will be those structures and processes through which the human being expresses itself in its totality or combined capacity. By "mental" is meant total reactive activity.

Furthermore, the thesis which orients the present chapter is that the entire organism carries out these reactions through plans, or purposes, or goals, or, if one will, more simply, wishes—known or unknown. Such patterns of action are mostly fairly fixed, the entelechies of Aristotle, but a certain amount of adaptive freedom of control enables certain organisms to operate more advantageously than others. All living organisms, from the lowest of plants to the highest of men are transformers of energy. In higher forms, as in man, for example, they capture this energy by means of receptors (the senses, some twenty or more of which are known structurally); they transform this energy by means of structuralized bits of experience, called the organs. These activities are all loosely co-ordinated at humoral (bio-chemical) levels, and more highly integrated by the nervous system and finally delivered through two main channels, one of which may be spoken of in general as metabolism, functioning for the structural upkeep of the human machine; the other, also in general may be described as conduct or behavior.

The chief goal, purpose, pattern or wish of this conduct or behavior is the continuance of life. In lower forms of life—bacteria, certain protozoa—and in certain higher forms, as in many plants, the action pattern is carried on by a non-sexual process. The bacteria and protozoa propagate by fission or non-sexual sporulation, plants like potatoes by tubers, others by rhizomes and other fission-forms. But this process checks evolution and new adaptations, and hence all higher forms have evolved sexual patterns. These sexual patterns require male and female *objects*, and male and female *parts* (aims), through and by which the living form can continue. That aspect of the transformed energy that pursues this creative goal, either within the body structures, as

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seen in growth or repair, at biological levels, as seen in mating, or at socialized levels as operating for family formation, works of art, invention, civilization, and culture, has been called libido by Freud. Within the body it acts as a force, a tension, an impulse.

Human beings represent a form of life's experience in nature achieved after a billion years of continuance of these processes. How and why it all has come about is mostly still unknown to man. It is, in the language of biology, instinctive, in that of psychoanalysis it is the work of the unconscious, the id. In man more particularly a certain part of this id has developed into an ego—a conscious perceptive system which can test and know. In part it is what man has called "reason."

The details of this mental apparatus-scheme have been elaborated in other parts of this work. A very brief résumé here has been deemed desirable, in order to develop the idea of the relationships of the mental apparatus to certain aspects of disease.

One can express the thought in a mathematical way, by saying that conscious and unconscious represent the numerator and denominator of a fraction, in which the numerator is very small, from minute to minute, the denominator very large, a billion years. From this the proportion can be formulated. *As from minute to minute is to a billion years, so our conscious knowledge of what we are doing is to the unconscious forces that make us do things.* It is because of this great disproportion in two aspects of the mental apparatus that the doctrine of "fate" is so widely held, and because of the still small voice of the conscious perceptive system, the ego, that free will is, after all, possible although Determinism has a strangle hold on the indolent. (Repetition-compulsion in psychoanalysis, inertia in physics as a prototype.)

It is a corollary of this metaphorical proportional statement, then, that if one would know what relationship the mental systems bear to disease process in general, the knowledge must be sought for in unconscious processes chiefly, rather than in conscious ones. And there flows from this a formula that says "any deviation from object or aim *in the unconscious* is capable of introducing disorder or disaster in the delivery of the energy of the human being, either at the level of metabolism or at the level of behavior, or both.

Disorders of adaptation at the conduct level are more distinctly of social significance and are dealt with elsewhere in this work as antisocial, criminal, or delinquent conduct, as psychoses and certain psycho-neuroses. Disturbances at the metabolism level, or organ disturbances, are of more personal significance, and are

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termed organic disease, acute, sub-acute, or chronic as the case may be. It is with certain of these that this chapter would deal.

At once, one would eliminate accident, even though there are a large number of so-called accidents, even resulting in death, that are not accidents but are unconsciously sought-for events. In one sense it will be shown that much chronic disease is unconsciously wished for, and some of the reasons for this that psychoanalysis has discovered, will be pointed out.

From time immemorial, the science of medicine has spoken of diathesis, or tendency. Of late years it has been spoken more of as constitution. That certain kinds of persons are more apt to have certain kinds of diseases has been known for centuries. Studies in constitution make a large chapter in contemporaneous medicine, and are of great significance. Some of them are embraced in the conception of heredity, which is also a complicated chapter.

In a general sense, the sum total of accumulated transmitted factors, chiefly recorded in structural patterns, is spoken of as the hereditary constitution of the individual. The sum total of the reactive capacities to the environment, internal as well as external, conscious as well as unconscious, will be here spoken of as the "personality."

In endeavoring to ascertain what may be called the psychological component in disease processes (for nearly all disease may be better understood if the dynamics of the psychological component be perceived), the understanding of the mechanisms of the mental apparatus as outlined by Freud is of signal service.

Life is a conflict. The individual is surrounded by other individuals with their own personal goals, by other forces with more or less immutable laws. "Reality" is a term used in psychoanalysis as a summary of these general situations. Every individual comes into the world after a nine months' intra-uterine recapitulation of a billion years of experience. Man is a time-binding animal. All this experience is available, but, generally speaking, up to the time of birth outside agencies are doing much of the work. Much, however, is happening before birth which is of great significance for internal medicine.

Psychoanalysis recognizes this, but is as yet scientifically critical as to the ability of its method to get at it. Thus, psychoanalysis does not scoff at what is popularly known as pre-natal influences, but it is not yet certain that such can be demonstrated inductively or deductively through its chiefly inductive method.

With birth, the individual begins its own struggle for oxygen,

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for food, for elimination of catabolic products. The ego (metapsychological ego of Freud, not the popular ego, which here is called personality), begins to direct the forces of the id, at first very imperfectly, all hedonistically, i.e. in pursuance of the pleasure-principle. All of this is elaborated elsewhere, but it seems desirable to call attention to the mechanisms of repression, of regression, and of conversion, if one would understand the dynamic economics of human reactions that may result in disease.

The obstacles in life—conflicts ranging from innumerable petty annoyances to major catastrophes—are about us on every hand. They must be managed (adapted to). This may be done with ease or with difficulty, depending upon the variable factors of the constitution (more fixed features), and of the personality (more variable capacities).

Bergson has utilized a pleasing metaphor to outline this situation when he says, "the cerebral mechanism is arranged just so as to push back into the unconscious almost the whole of our past, and to allow beyond the threshold only that which will further the action in hand," (useful work or adaptation).

Here, psychoanalytically, one would say the libido of the id seeks the pleasure of fulfillment of the creative pattern along individual lines, but is met by the repressing forces of the ego (reason) and of the super-ego (authority), and is forced to compromise at adaptive levels. If the libido surmounts the difficulty and the individual is gratified at socialized levels (sublimation), there is harmony of organic action, and well being is the result. If, however, only a part of the libido-gratification is accomplished, and repression is, in a sense, over-successful, sublimation has been ineffectual, and the repressed portion of energy pushes back to earlier stages of adaptation.

Internal medicine becomes vitally interested when the regressing, repressed libido is of sufficient dynamic potency to reach back to that stage in the individual's libido-evolution when isolated organs were limited autocracies, as it were, and each sought its own way of gratification, independent of the others, or was dynamically surcharged by displacement from other organs, whose outlets of auto-erotism were blocked by outside fiat—punishment, disfavor, withdrawal of love, etc.

Thus, it is well known how vigorously the infant will scream, as a single outlet to signify innumerable discomforts, and only later indicate by appropriate gesture or verbalization the specific

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source of displeasure with the expectation of relief, i.e. return to the harmony of pleasure.

It was by a singular distortion of fact that mental came to be separated from bodily activity. Body and mind occupied parallel pigeon-holes in academic psychology. The Homeric Greeks, down to the days of Socrates, rarely separated them. It was Plato's great contribution to confusion that he disembodied the soul. Theology has continued this concept to this day, and thereby introduced one of the most important of the conflicts between the ego and super-ego, one which operates through the sense of guilt as a large factor in the mechanism of the need for punishment. Without an understanding of these mechanisms, much of the mental dynamics (economics of masochism, as Freud aptly terms it) of organic disease is incomprehensible.

In internal medicine, the mechanisms of conversion, substitution, and projection, as means whereby repressed and regression-libido may be more adequately managed, are all operative. Psychoanalysis has learned much of conversion, as seen in non-malignant conversions, more particularly in what has come to be recognized as hysteria.

The substitution-mechanisms have been run out more in the so-called compulsion-neuroses, which in general are more malignant maladaptations than the conversions. Similarly in many psychotic manifestations, projections have been better understood. As yet, however, only a beginning has been made in tracing the more malignant and persistent conversions, substitutions, and projections which can be an element in the production of chronic disease of various organs back into the organ-erotic level.

As yet, it is premature to say how much of the pathological (sick) disturbance in an organ's functioning can be attributed to the economic maladjustment of repressed and regressive libido operating at the organ level, but it can be abundantly proved that such disturbances are operating. Further research by the psychoanalytic method will clarify our formulations.

In many acutely arriving situations, such as an attack of rheumatoid arthritis, of eczema, of exophthalmic goiter, of asthma, of pneumonia, and in many other events, an antecedent situation (chiefly called emotional) has been a precipitating factor. Psychoanalysis has for one of its main objects the analysis of that term "emotion." Psychoanalysis is not content with a portmanteau term which means everything and nothing. When such emotional shocks are resolved into their component parts by the psycho-

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analytic method of study, the dynamics of the various libidomechanisms become as clear as the respective mechanisms in an automobile, with its exploding gas (id), its transmission (connectors), its steering gear (ego), brakes (super-ego), etc.

The logical, interpretative formulations, here, as elsewhere in other sciences, are ahead of the ability to apply the principles completely in all concrete cases. In geo-physics much is known of the dynamics of earthquakes, but no one yet has stopped one; similarly, the science of physical-chemistry is aware of the enormous quantities of energy locked up in a shovelful of sand, but as yet no one has been able to boil an egg with it. When it comes to clinical problems of internal medicine, the application of the principles here outlined, while not so far from application as the hopes of controlling earthquakes, or cooking with sand, are still in need of research. So much time educating, re-educating, and remaking the personality is required that for the present only a beginning, although an important one, has been made in applying the principles to problems of internal medicine.

The study of the psychoneuroses is paving the way for an understanding of many diseases of the body with which internal medicine is involved, and which begin silently or subtly as neurotic disturbances. This has been known for centuries. In the neurotic stages of maladjustment (organ neuroses) the processes are still reversible (in connection with hysterical conversions, for example, as in disorders of the skin, mucous membrane, stomach—dyspepsia—bladder, and bowels—constipation—disorders of an acute or subacute type). But after a certain number of years of such faulty adaptations (classically at about forty) the processes become irreversible. The leaning tower of Pisa has leaned too far, and organic disease has begun. It may now be too late.

Should one attempt even a brief sketch of some of the situations, it could occupy all the pages of this book. It is only profitable to touch on some so-called chronic disorders, since by this it may be interpreted that chronic is only another word for not-understood.

Possibly the skin is a good place to begin, since it was bathed in its ancestral sea-water-like fluid the many million years spent in the womb. Here eczema and psoriasis stand out as two outstanding chronic diseases of the face to which dermatology is still blind. That one should be preeminently wet and on flexor surfaces, the other dry and chiefly on extensor surfaces, especially at the onset of the disorder, means little to the ideas reigning in dermatology. Psychoanalysis, which would utilize the tool of sym-

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bols immediately, thinks in terms of flexor-caressing tendencies and extensor-hostile activities, of possessing, grasping, taking on the flexor side, of rejecting, hitting, refusing on the extensor side. It seeks to find out, and has found out, that within the personality of afflicted individuals the skin-libido in these two disorders represents these two ambivalent (bi-polar) aspects of efforts at gratification, either through auto-punition (masochistic) or hostility (sadistic) repressed, regressive satisfactions at narcissistic and organ-erotic level.

In the respiratory sphere (the lungs) the problems are even more urgent. In the upper air-passages smell factors introduce another component. For the bronchi and alvoli, the common cold and tuberculosis stand out as one of the most striking unsolved problems. The tubercle bacillus is not the whole story in tuberculosis, else all of us would die of tuberculosis since we all harbor it. The soil that permits the growth of the tubercle bacillus has an equal importance. Here psychoanalysis has something to say, as yet but feebly. It finds that in many instances this is a way to satisfy the death instinct, either at very infantile levels, back to mother, or at more adult levels, as a way of saying, "You'll be sorry when I am gone"—unwittingly, of course, or even to obtain revenge because of fancied favors to a sister or brother or especially loved one. Innumerable gradations of the prostitution complex of the Freudian formulation turn up in the unconscious of the tuberculous. As man does not live only to breathe, but must use his respiratory apparatus for more sublimated activities, it is not surprising that the universally distributed tubercle bacillus should find an easy birth in an organ which is failing to come up completely to its adult socialized capacity as an instrument of aspiration as well as respiration. Only a beginning has been recorded in the study of the personality difficulties of those who succumb to, and those who conquer, the tubercle bacillus.

Soon after birth, and following the establishment of breathing, the child begins to suck, and the entire digestive tract from mouth to anus begins its conflicts between pleasure-attaining and pain-avoiding. It is no great wonder that the stomach, using that word in its general sense, should reflect conflict so frequently. Early tendencies of the nursing infant will foreshadow many things that are to come in stomach and intestinal diseases, from dyspepsia, constipation, diarrhoea, gastric duodenal ulcers, appendicitis, diverticulitis, ileus, gallstones, perhaps even carcinoma. It must be distinctly emphasized that it is not here stated that these are diseases

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due to faulty libido-distribution entirely or in part, but that it is emphatically held that many such disorders cannot completely be understood and intelligently dealt with without a proper evaluation of what part and how much such mental mechanisms are involved in the faulty adjustment. Nor should any reader, medical or otherwise, assume that a peptic ulcer patient necessarily should be analyzed instead of being operated upon, especially after forty. Here an understanding analytic approach which the gastro-enterologist *must* acquire in order to be a good gastro-enterologist is essential. Similarly for other problems in the domain of the digestive tract. As to the carcinoma problem, the facts are still too deeply buried to permit even speculative suggestion, save to say that ignoring the analytic method as a part of the program of research is ignorant obscurantism.

Another large chapter of chronic medicine is concerned with muscles, tendons, and joints, variously called arthritis, and of late more or less partitioned into two fairly well defined tendencies, in which joints show proliferative reactions to infections, or degenerative reactions to unknown factors—the former, chiefly occurring in younger individuals, and now more or less officially called rheumatoid arthritis, and the latter occurring in older persons, and called osteo-arthritis.

Psychoanalysis asks here, in the infectious types, the same kind of question that it asks in tuberculosis. What of the soil, the personality, that permits—shall one say only two percent or less of the population—to have such infections, even though everybody's tonsils, teeth, intestines, etc., harbor a variety of infectious organisms?

Here, and more particularly in the osteo-arthritics of older years, the unconscious pulling, hauling, muscular tensions of greed and grasping, the aggressive, hostile striking, kicking, beating tensions, involve the healthy metabolism of the joints, and help to bring about, when continued over years of faulty adjustment, the changes that lock up the joints in fruitless arthritic bondage. The hostile aggressive impulses which, unsuppressed, in the antisocial individual, cause society to lock him up in jail or hospital, turn, in the repressed, unsublimated individual upon himself and through self-punishment brings about a similar bondage. It is little wonder that the ancient philosophers should have said, "Judgment is mine, saith the Lord, I shall repay."

As yet, analyzed cases of various arthritics (for they are a motley crowd) are but meager in psychoanalytic literature. There is good

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reason to believe that in such cases much can be done by enlightened psychotherapy, working in conjunction with other agencies.

Many disorders of the heart, by common consent, are known to be of nervous origin. "Nervous" means little except a gesture, like the word "emotion," though in psychoanalysis such terms mean many things in which the mental apparatus is involved along the lines of the Oedipus-complex, and conversions, substitutions, projections, and other mechanisms are operating. Psychoanalysis for many obstinate heart conditions has proved of great service therapeutically. From the standpoint of insight (theory), there is much to be learned, since the cardiac machinery is so closely related to the feeling life of the individual.

A highly important field for psychoanalytic investigation and therapy is that of cardio-vascular hypertension states which cause marked alterations in blood pressure, afford a basis for arteriosclerosis, and in many instances are the primary factors which lead to cerebral hemorrhage.

The evil effects upon the body of the passions, using this word in its old sense of rage, hatred, envy, jealousy, and related emotional activities, have been empirically known for centuries. The ancient injunction "Let not the sun go down upon thy wrath" is but one of the confirming witnesses to this ancient wisdom.

Psychoanalysis is the only method at present known that is capable of accurately estimating the component parts of these passions, and of showing just how these faultily guided affective states can produce disease, and especially blood pressure alterations, etc. Some of the most violent sadisms are unconsciously hidden beneath the silken glove of nice people, whose facade of urbanity may be but a disguise for intensely strong investments (cathexis) of hostile impulses.

Other organ involvements might be taken up, since every organ of the body is capable of more or less anarchic, isolated action, just as any man in a regiment can get out of step. Particularly important problems are bound up in the control of the endocrine glands by the mental apparatus. Many of these are very intimately related to the primitive nervous tissues, and at times function as such. Furthermore, since these organs, as bits of structuralized experience, are prototypes of more organized organs, their capacity for substitution and interlocking directorate action is very striking. This makes their study all the more definite, but at the same time all the more subtly difficult.

The endocrine organ disturbance related to psychological situ-

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ations which is most striking in internal medicine is that of the thyroid. Here increased activity of the gland in response to mental situations, sometimes very subtle, brings about medical problems of much complexity and significance. Only the more patent of these can be here touched upon.

Since the days of Pliny, cretins have been distinguished, but it is of but comparatively recent date that this type of defect, which exists in varying degrees in children (cretinism) and adults (myxedema) has been shown to be due to deficiency in the thyroid hormones. The gross or minute changes in the body tissues and functioning from this variation are numerous. Whether such reduced activity of the thyroid can result from personality conflicts is still to be proven. Hyperthyroid states, however, of mild or even dangerous character, are widely recognized as accompaniments of, or as directly caused by, personality disturbances. The Romans knew of some interrelationship between the thyroid and the uterus, but only in recent years has this been shown to be a close anatomical one in low vertebrates in which, the thyroid was a uterine gland.

Lewis and Jelliffe, among others, by psychoanalytic investigation, have developed some very definite conflict mechanisms which would utilize the thyroid as a compensating organ activity, which, often failing, goes on to extremes which may jeopardize life. During the war many hyperthyroid states developed partly on the basis of these psychological components, because of altered adaptive capacity in other organs, from fatigue, etc. (adrenals, pituitary). This whole chapter of hyperthyroid states is filled with problems which can be investigated to advantage by the psychoanalytic method.

The medicine of the future will occupy itself more and more with more accurate evaluations of the effects upon the human body of aggressive, hostile impulses,⁹ and with methods of bringing them to consciousness, and thereby saving mankind from many crippling and devastating chronic diseases. Psychoanalytic science is aware that popular belief and theological formulations, have been actively proclaiming such inherent interrelationships ever since human records have been made, whether in the form of myths, religious beliefs, rituals and observances, the epigrams of Rochefoucauld, or the wisecracks of the mummers and vaudevillians, but psychoanalysis is the first scientific entering wedge into bringing the dynamics of such human and social factors to the clear light of conscious evaluation.

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BIBLIOGRAPHY

- Freud, Sigmund: *Gesammelte Schriften*
Hemmung, Symptom und Angst, especially recommended for analysis of the process of "conversion"
- Groddeck, G.: *The Book of the It* (Nervous and Mental Disease Monograph Series, No. 49)
- Jelliffe, Smith Ely: "Psoriasis as an Hysterical Conversion Syndrome," *New York Medical Journal* (1916)
Technique of Psycho-Analysis (Nervous and Mental Disease Monograph Series, No. 26)
- "The Epileptic Attack in Dynamic Pathology," *New York Medical Journal* (1918)
- "Multiple Sclerosis and Psychoanalysis," *American Journal of Medical Science* (1921)
- "Psyche and Vegetative Nervous System," *New York Medical Journal* (1922)
- "Psychopathology and Organic Disease," *Arch. Neur. und Psych.* (1922)
- "Paleopsychology," *Psychoanalytical Review* (1923)
- "Neuropathology and Bone Disease," *Transactions of the American Neurological Association* (1923)
- "Unconscious Dynamics and Human Behaviour," *Morton Prince Studies* (1925)
- "Somatic Pathology and Psychopathology," *Journal of Nervous and Mental Diseases* (1925)
- "Psychoanalyse und organische Störung—Myopie als Paradigm., trans. in *International Journal of Psychoanalysis* (1926)
- Post-encephalitic Respiratory Syndromes* (Nervous and Mental Disease Monograph Series, No. 45)
- "Psychological Components in Post-encephalitic Oculogyric Crises," *Arch. Neur. und Psych.* (1929)
- "Psychotherapy in Modern Medicine," *Long Island Medical Journal* (1930)
- "What Price Healing?," *Journal of the American Medical Association* (1930)
- "Dupuytren's Contraction and the Unconscious," *International Clinics* (1931)
- Compulsive States and Oculogyric Crises* (Nervous and Mental Disease Monograph Series, No. 54)
- Jelliffe, S. E., and Brink, L.: *Psychoanalysis and the Drama* (Nervous and Mental Disease Monograph Series, No. 34)
- Jelliffe, S. E., and White, W. A.: *Diseases of the Nervous System* (Philadelphia: Lea & Febiger, 1929)
- Kempf, E.: *The Autonomic Nervous System* (Nervous and Mental Disease Monograph Series, No. 28)
- Schilder, Paul: *Medizinische Psychologie* (Verlag Springer, 1927)
- Schultz, J. H.: *Die seelische Krankenbehandlung* (Jena, 1930)
- Schwarz, Oswald: *Psychogenese und Psychotherapie körperlicher Symptome* (Wien, 1925)
- Simmel, E.: "Über die Psychogenese von Organstörungen und ihre psychoanalytische Behandlung," *Allg. ärzt. Kong. für Psychoth.*, IV (1931)

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PSYCHOSOMATIC MEDICINE

I. PRACTICAL APPLICATION OF PSYCHOSOMATIC CONCEPTS

THERE was a period in the history of civilization during which the major and often the only approach to the cure of disease was through the emotions. Methods of developing emotional attitudes in sick people were the most effective instruments in the therapeutic armamentarium of the medicine man and the witch doctor. With the progress of medical knowledge such techniques were called unscientific and were discouraged.

During the last four or five decades, as Dr. Jelliffe has pointed out in his foreword to this volume and in the chapter on *Psychoanalysis and Internal Medicine*, a respectable body of scientific knowledge has been accumulated on which to base techniques for dealing with the psychic as well as the somatic manifestations of dysfunction in the human personality. Methods have been developed which will produce and cure neuroses in such animals as dogs, cats, pigs, sheep and rats, and it is known that disturbances in the energy economy of these animals may result in physiological as well as behavioral disorders, just as happens in human beings.

Any textbook incorporating the psychosomatic approach to medicine (three have been published within the last year; Weiss and English, Dunbar, and Hunt—see especially Chapter VIII contributed by Leon J. Saul) includes an outline of the nature of dysfunction of the total personality and its manifestations in each organ system of the body, as well as a review of the personality types most susceptible to one or another of the well-known disease entities. It has become a platitude that "it is more important to know what kind of patient has the disease than what kind of disease the patient has".

"The psychosomatic approach means thinking in terms of the necessity for the organism to maintain a homeostatic equilibrium within itself and within its environmental field. Hence in the science and practice of medicine there is need for a new approach to classification based on psychosomatic concepts. Here the major contributions have come from physiologists on the one hand and from medical psychologists on the other. But it has been difficult to bridge the chasm between these two disciplines. Existing

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nosology is inadequate in both psychiatric and somatic aspects. The disease entities now recognized in each of these fields have little relevance to the organism as a whole or to the *organism-environment continuum*. These are essential concepts in the psychosomatic approach. There is now little common ground between psychiatric and somatic classifications. A well-adapted nomenclature is an aid to scientific progress. Building a nosology is not mere exercise; it is also a necessary step in the development of a therapy. Until medical nosology as well as principles of diagnosis and therapy have been revised, the physician interested in psychosomatic problems is forced to rely on the descriptions of illness syndromes in which the role played by psychic and somatic components is evaluated." (Dunbar, 1943.)

There is a habit of calling certain diseases psychosomatic in contradistinction to others. Some physicians think of psychosomatic medicine as a medical specialty parallel to internal medicine or psychiatry. But as a matter of fact, psychosomatic is merely an adjective which properly is applied to a method of approach useful in dealing with all types of human ailments, and essential to the diagnosis and treatment of some.

The dichotomy between psyche and soma which some feel is implied by the terms is the result of the way in which the scientific method in medicine has developed, and does not exist in the organism itself. The psychosomatic approach which represents a stereoscopic picture of the results of the two methods of observation should be valuable in dealing with all known diseases, and even with some illness syndromes not yet recognized as disease entities.

It might be supposed that in infectious diseases, for instances, where the noxious agent is introduced from the environment, the personality has no rôle to play, and yet it is apparent even without careful study that this view ignores the factor of differential immunity. It might appear still more obvious that injuries resulting from accidents are caused solely by environmental impact, but psychosomatic study has revealed that this is far from the whole truth since it does not explain the well-authenticated observation that some persons are far more prone to accidents than are others.

Granted that there is no such specialty as psychosomatic medicine but only a psychosomatic approach to the problems encountered in all the medical specialties, the question remains as to why the phrase "psychosomatic medicine" is seen so frequently today. Part of the explanation seems to lie in the fact that the major causes of mor-

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tality and labor wastage are illness syndromes of which the cause is unknown, or inadequately known. The general physician probably spends less than ten per cent of his time in treating diseases for which the cause and cure are well enough known so that he can remain secure in practicing what has been taught him in medical schools or what he can read in medical textbooks.

In a recent colloquium on problems in psychosomatic medicine,¹ susceptibility to accidents was included as a major syndrome. (Dunbar, 1944 b.) Accident, proneness or the accident habit is so much on the border line of behavioral and somatic dysfunction that it has been neglected by general physicians and psychiatrists alike, in spite of the fact that it ranks fourth among all the causes of death and disability today, and first among the causes of death and disability in certain age groups. It has been calculated that there were 460 million man-days lost in 1941 due to all kinds of accidents, or the equivalent of the work of 1,500,000 persons.² The work of 1,500,000 persons is an important consideration in relation to conservation of man-power in this country, where there are about 50 million persons employed. Added to this is the fact that 4 million of the 50 million workers employed are killed or injured each year.³

The National Health Survey and later studies indicate that about 7,000,000 people are unable to work or pursue their usual activities each day during the winter months because of illness, injury, or physical impairments.⁴ If mortality statistics be brushed aside and attention be devoted to disability, these figures show that between one-fourth and one-fifth of the illness problems encountered by the practicing physician are the result of accidents. Yet it is only within the last ten years that any considerable attention has been devoted by physicians to accident-proneness as an illness syndrome: It was enough to sew up the wound or set the bone. With one or two exceptions it was the laymen (insurance companies) who first called attention to the importance of the psychosomatic approach in dealing with accidents.

No less disturbing are the labor and energy wastage occasioned by chronic diseases. Science states:

¹ *Colloquium on Problems in Psychosomatic Medicine*, held at the New York Psychoanalytic Institute, January 5, 12, 1944.

² U. S. National Resources Planning Board. *Human Conservation; The Story of Our Wasted Resources*. [Washington, U. S. Govt. Print. Office, 1943.] 126 pp.

³ *Accident Facts*. Pub. by National Safety Council, 1942 ed.

⁴ Cf. "Psychiatric Casualties Among Defense Workers. Milton Rosenbaum and John Romano. *Amer. J. Psychiat.* 100:314-319 (Nov.).

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"Disquieting also is the increase in deaths from cancer, diabetes, cerebral hemorrhage, diseases of the coronary arteries and angina pectoris and the chronic heart diseases. With the exception of diabetes, the 1943 death rates for all of these are the highest on record.

"Fatal accidents in the home have increased, in spite of the fact that there is very little unemployment and less time is spent in the home now than before the war."

Even today there is too great a tendency to think of chronic diseases as belonging to the field of geriatrics. Many physicians place geriatrics and pediatrics in the same category, as specialties with which they refuse to be concerned. But the chronic diseases which take their toll in the older age groups claim first place also as occasioning disability in the younger age groups. Hence their treatment should be a major interest of every general physician.

The chronic diseases are especially interesting to the student of psychosomatic problems because they are for the most part illnesses of which the cause is unknown, or inadequately known, and for which the best treatment yet developed necessitates a detailed descriptive picture of both the disease and the person suffering from the disease. (Halliday, 1943.) These two pictures must be seen stereoscopically if an adequate treatment program is to be outlined and invalidism decreased.

II. ILLNESSES IN WHICH PSYCHOSOMATIC PROBLEMS HAVE BEEN OUTLINED

Good reviews of the physiological changes which accompany emotional tension, as well as of the development of psychosomatic concepts, are to be found in Dunbar (1938a, 1943), Alexander (1939), Saul (1941), and Hunt (1944). Hence, the emphasis in this chapter will be on the practical application of psychosomatic concepts to diagnosis and treatment of specific illnesses.

A. Infectious Diseases

It is not customary to apply the psychosomatic approach to the problem of infectious diseases. Nevertheless, as Osler said: what happens to a patient with tuberculosis depends more on what he has in his head than what he has in his chest.

It is well known that in epidemics there is always a percentage of those exposed who do not succumb to the disease. It is said that some persons have a higher resistance to infection than others, and this higher resistance cannot always be explained in terms of immunization. Resistance to disease is greatly modified by such factors as fatigue and the general physiological equilibrium of the

⁶ "The Death Rate," *Science News*, Science Supplement 97:10, May 14, 1943.

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body. As Cannon and many others have demonstrated, maintenance of physiological equilibrium is a psychosomatic problem. Whether the psychic or the somatic aspect be considered primary, the real problem is to treat, first the patient, then the disease process, and only third, the symptom.

Experiment shows that emotional stress seriously limits the ability of the organism to regain a stable equilibrium after it has been subjected to stress or injury. (Hammett, 1920; Henderson, Bock, Field and Stoddard, 1924.) There could be no better illustration of this fact than the enormous difference in susceptibility to colds, and in rapidity of recovery, among different individuals. No adequate scientific description of the causation of colds can yet be given. A multitude of bacteria and viruses have been found in nose and throat cultures of patients with and without colds. Colds are of different types, with different consequences. It is known that quite aside from physiological susceptibility, there is such a thing as a cold habit or cold-proneness which somewhat parallels the accident habit or accident-proneness. Gladstone is reported to have suffered from "diplomatic colds" which occurred regularly when he was required to speak in an unpleasant situation.

Since no one can entirely escape exposure to the various agents which may cause colds, and since there is no known way of producing complete immunity against colds, the factors in human beings which may increase or decrease susceptibility to colds assume primary importance.

Saul (1938) reported that fifteen patients unusually susceptible to colds or sore throat who were treated psychoanalytically for other reasons, following treatment became either entirely free from colds or acquired them extremely rarely. In these cases no other treatment, such as vaccine, was given. This is a common experience. Sometimes brief psychotherapy directed toward the "cold habit" seems to produce relative immunity from colds. But a marked improvement is almost always observed in patients susceptible to colds who have been subjected to a thorough-going psychoanalysis.

Alexander and Saul (1940) with the aid of the spirogram, investigated the emotional or personality problems most frequently associated with susceptibility to colds. They found patterns of intake and elimination important. Present evidence indicates that those who suffer from asthma, hay fever, or vasomotor rhinitis have roughly the same fundamental personality pattern, with important minor variations, either constitutional or psychodynamic.

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Spiesman (1941) approaching the problem as an internist, writes:

"Thermo-electric studies of the temperature of the mucous membrane as an index of vascular changes showed that rapid cooling of most cutaneous surfaces produces a reflex vasoconstriction and ischemia leading to a lowered mucous membrane temperature in the upper respiratory tract. Alteration(s) in the temperature of the upper respiratory mucosa was found to be due to a change in the vasomotor tone of the vessels supplying these membranes. A fall in temperature indicated a vasoconstriction, a rise, a vasodilation."

It is well known that changes in vascular tonus in the direction of vasoconstriction or vasodilation, as physiologists have pointed out, are among the most direct indices of emotional tension. Spiesman concludes his article with:

"The normal subject easily unbalances his vasomotor equilibrium by severe emotional strain." He states that: "The repeated infectious head cold . . . no matter what therapies are applied, until the emotional stress is removed" cannot be corrected. "A delayed reaction indicates a sluggish vasomotor state created either by an environmental factor or an emotional state."

There is reason to believe that the next ten years will see important additions to our present inadequate knowledge of the relation of personality factors to immunity from infection or resistance to it.

B. Allergies

In contradistinction to infectious diseases, allergy was early recognized as a psychosomatic problem—by Hippocrates and in 1682 by Willisius (Wittkower and Petow, 1931-1932). This fact is interesting because special susceptibility to a noxious element in the external environment is observed in both cases. Today it is easier to demonstrate by laboratory techniques (skin tests) a special susceptibility to timothy than a special susceptibility to colds (germs or virus).

One of the earliest reported cases psychosomatically described is that of a boy working in his father's flour mill who was allergic to flour. He was told to move to a different town and to take a job other than in a flour mill. He moved but, as things worked out, the new job offered was in a flour mill, yet he was no longer allergic to flour. However, when he returned home and worked for a brief period in his father's mill the allergy returned.

Dunbar (1938b), Jelliffe (1939), Deutsch (1938), Groddeck (1917), McDermott and Cobb (1939) French and Alexander (1941), Wilson (1941), Brown and Goitein (1943), Weiss and English (1943), and many others have described personality factors associated with asthma and hay fever. Although the personality constellation has

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not been completely defined, it has been outlined and the fact has been demonstrated that attacks of asthma or hay fever may be eliminated by therapy of the emotional factors involved even though the skin sensitivity test remains positive.

It has been suggested that even rheumatic fever may represent an allergic reaction to some form of streptococcus infection. Whatever further research may show, rheumatic fever is an illustration of an illness of unknown causation in connection with which diverse etiological hypotheses (germ—virus—allergy) have been proposed but in which a fairly well-defined personality constellation has been recognized as characteristic. (French and Alexander, 1941; Dunbar, 1943; Halliday, 1944.)

Sufferers from migraine and a certain group of skin diseases seem to be "allergic personalities" also, although it is harder to determine by laboratory methods what the specific allergen is. Psychosomatic studies of allergic reactions stress the importance of the relationship to the mother in infancy and to emotional contagion. (Dunbar, 1944a.)

C. Diseases of the Upper Respiratory Tract

Diseases of the upper respiratory tract are largely contagious or allergic. There is a considerable literature relative to personality factors in tuberculosis, emphysema, and pulmonary atelectasis. (See Stern, 1925; Mühl, 1929; Ebstein, 1932; Hartz, 1944.)

Diseases of the upper respiratory tract cannot be dealt with here in detail but it should be noted that whether the symptoms are those of the common cold, tuberculosis, or bronchial asthma, a diagnosis sufficiently accurate to serve as a basis for therapy must take into consideration the noxious elements from the internal as well as from the external environment, which may be either somatic or emotional, or a combination of both.

D. Gastrointestinal Diseases

The present war emergency has brought gastrointestinal diseases to the fore. See, for example, Allison, Belf and Thomas (1941) and Allison and Belf (1941), *Peptic Ulcer in the Royal Navy*, and the multitude of similar reports. The complaints cover a range from nervous indigestion (including anorexia nervosa) through peptic ulcer and the various forms of colitis, to disorders of the gastrointestinal tract necessitating operative procedure.

It is interesting that susceptibility to infection and allergic reactions plays a considerable rôle also in gastrointestinal disorders.

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Patients may be allergic to the army diet—milk, egg yolk, liver—and apparently as a result of regulations requiring such a diet, develop nausea, diarrhoea, colitis, migraine, skin disease, or some other disorder.

The personality factors and the emotional conflicts related to these disorders occupy a large part of the literature of psychosomatic research and should be familiar to physicians engaged in war medicine. It should be possible for the physician on the Selective Service Board or on the Induction Board to detect the patient whose personality or constitutional susceptibility to gastrointestinal dysfunction would be aggravated by the army regime. Among those with a peculiar susceptibility to gastrointestinal dysfunction there will be some who will react favorably to this regime. The physician interested in this field will find more concrete data if he will consult Alexander, Bacon, Wilson, *et al.* (1934), Daniels (1934), Dunbar (1938a), Brown, Preu, and Sullivan (1938), Rush (1943), and Weiss and English (1943); also the Proceedings of the Meeting on Gastrointestinal Disorders, of the American Society for Research in Psychosomatic Problems, held in Detroit, May 11, 1943.⁶

E. Cardiovascular Diseases

While there is not so much concrete data on cardiovascular diseases as on allergy and gastrointestinal disorders from the point of view of the prolongation of life and the diminution of labor wastage, the psychosomatic may be even more important. Because mortality and labor wastage from various types of cardiovascular disease rank so high, this group was selected for special study in a large general hospital, while other groups were used as control or contrast groups. (Dunbar, 1943.) As a result of a fourteen-year study of serial admissions, personality profiles were outlined which appeared to be of diagnostic and therapeutic value. Although sufferers from cardiovascular diseases are found in greater concentration in the industrial army than in the armed forces, a rational medical approach to diagnosis and treatment of such cases is a major need.

The general physician interested in a psychosomatic approach to medical problems may find himself more effective in allaying the symptoms of acute infections, allergic disorders, and gastro-

⁶ The American Society for Research in Psychosomatic Problems, Detroit, May 11, 1943. Proceedings of the meeting on gastrointestinal disorders. *Psychosom. Med.*, VI:56-77, January, 1944.

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intestinal dysfunction if he is trained to evaluate and treat the psychic components of these disorders. In all of these illnesses the external noxious agents are more clearly defined, and therefore treatment is better outlined, than in disorders of the cardiovascular system. It may be for this very reason that physicians interested in the psychosomatic approach have devoted special attention to the personalities whose reactions to environmental stress are most likely to be evidenced in cardiovascular disorders.

Recent studies indicate that sufferers from diverse types of cardiovascular disorder have a great deal in common which may differentiate them from sufferers from psychosomatic disorders involving other systems. Nevertheless within the cardiovascular group the personality profile varies with the nature of the disorder. Sufferers from coronary insufficiency, or occlusion, sufferers from hypertensive cardiovascular disease, and sufferers from the "anginal syndrome" have personality profiles which could be rather easily recognized by the statistician called in to review the medical and personal histories, as well as by the psychosomatically-trained physician. (Dunbar, 1936, 1943.) This observation is being given considerable attention today partly because as yet, no satisfactory external noxious agent has been found on which to blame the disease. It is known that some people "die of coronary occlusion" when all that clinical and laboratory studies indicate is coronary spasm, and when autopsy shows no coronary damage.

Although in sufferers from rheumatic fever, rheumatic heart disease, and sub-acute bacterial endocarditis, the noxious agent in the environment is relatively more important than in the preceding groups, nevertheless there seems to be a personality type which favors susceptibility to these diseases.

The physician confronted with an illness syndrome in which the major symptoms are cardiovascular finds himself on uncertain ground because both the somatic and the emotional aspects seem less clear than in the syndromes previously discussed. Nevertheless the psychosomatic approach is especially necessary for successful treatment of this class of diseases. In a few years better methods probably will be available for treatment of the victims of rheumatic fever or sub-acute bacterial endocarditis by chemotherapy. But in many cases this will be merely an alleviation of symptoms which will be replaced by other symptoms unless the personality is changed.

Much has been written on this subject; e.g. by Dunbar (1938a, 1943), Menninger (1938), Sprague (1939), Weiss and English (1943),

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I. *Eye, Ear, Nose, and Throat*

As noted in Dunbar (1938a) there is little scientific data relative to the emotional component in diseases of the eye, ear, nose, and throat. Yet many eye, ear, nose, and throat syndromes disappear fairly promptly in patients treated by a psychosomatically-trained physician. There is some evidence that glaucoma which for the ophthalmologist is as baffling as hypertension is to the internist, is a syndrome in which the psychosomatic approach has much to offer. There is enough evidence to warrant further investigation. Recent studies indicate that muscular imbalance and anisakonia could be better treated by psychosomatic techniques.

J. *Neuroses*

So much has been written about the neuroses and the psychoses, which will be summarized in the succeeding chapters, that little need be said here. Most physicians would agree that the likelihood of developing somatic illness syndromes and of minimizing the somatic damage which may result from them is greatly decreased if the attending physician pays equal attention to the psychological and the physiological mechanisms manifested in these syndromes.*

The following statement from *The Lancet*⁷ is worthy of note:

"... Health and working capacity will go together—will indeed be dependent on each other, reciprocal agents. If neurotic illness makes a man undertake unsuitable work, or makes his work unsuitable for him, his neurosis will thereby be fostered or aggravated; but neurosis is due to, and can be remedied by, other influences than the purely occupational, just as the choice or allocation of a man's job is determined in these days by much else besides the ideal requirements for his talent and idiosyncrasy. It is in settling the nice balance of these factors that the skill of the doctor and the experience and judgment of social agencies can most happily be shown, conjoined in a good example of social medicine."

McGuiness (1943) states: "Largely because of carelessness or self-indulgence, only 52 percent of us are capable of hard work". Physicians with experience in dealing with psychosomatic problems, and psychoanalysts, probably would agree in general with that statement, but they would substitute for the phrase "carelessness or self-indulgence", the phrase "neurotic character traits and emotional conflicts".

* In dealing with psychosomatic problems, Alexander's comment should be remembered: "... In the field of the vegetative neuroses, the psychodynamic and physiological situation is different. The somatic symptoms are not substitute expressions or repressed emotions but rather the normal physiological accompaniments of the symptom."

⁷ *The Neurotic Ex-soldier*, *Lancet*, 1:177, February 6, 1943.

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III. APPLICATION OF PSYCHOSOMATIC PRINCIPLES TO PROBLEMS OF THERAPY

Unfortunately the psychosomatic approach to problems of therapy is likely to be considered by general physicians only as a last resort. When a physician feels that he has reached a "dead end" in the application of what he knows he may devote serious attention to the personality of the patient or even turn to the psychiatrist for help. But, as Billings (1937) and others have pointed out, if psychological factors in an illness syndrome are analyzed only after everything else has failed, it is generally too late. The disease process then has usually reached, psychologically and physiologically, a relatively irreversible phase (von Bergmann, 1932).

Therapeutic application of present knowledge in this field, to be effective, must be part of the original diagnosis and of the first treatment regimen. For example, Moschowitz (1943) writes: "Because the transition from the normal to the abnormal is gradual, no specific diagnostic test is applicable unless it is an arbitrary one. The diagnosis must depend on a study of the composite picture. Usually these diseases evolve through 5 stages: (1) constitution; (2) exaggeration of function; (3) lability of signs and symptoms; (4) fixation of this exaggeration of function; (5) somatic changes. . . ." Steinberg and Wittman (1943) further stress the evaluation of the composite picture: . . . "There was a certain overlapping of etiologic factors in all the men studied, suggesting that it is not the presence of any given factor that is of primary importance, but rather the number and intensity of factors."

Richter (1943), discussing emotional disturbances following upper respiratory infection in children, places emphasis on the "type of personality which succumbed to this illness. In all instances the children were subservient, docile, cowed by authority, perfectionistic in their strivings, and meticulous in personal habits. As a group they were repressed and nonaggressive. Probably because of these qualities they were valued in society. Their conforming attitudes masked the underlying capacities for psychopathological manifestations." Therapeutic attention to this personality syndrome before a disease tendency had become well established would be much more effective than any attempt to deal with it in its later phases.

Richter goes on to say: "From observations in intensive psychotherapy it seems justified to conclude that these children had difficulty in expressing appropriately their inherent hostile and aggressive thoughts and feelings. With illness these aggressive tendencies

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became manifest and dominant, and the patients attempted to cope with them by anancastic behavior. Although the initiating illness was an upper respiratory infection, the children stressed the fact of becoming *sick* and invariably interpreted the illness, *per se*, as 'punishment' for some ununderstood 'naughtiness' or 'wickedness' with associated strong feelings of guilt. When the individual recognized his particular hostile-aggressive desires, and learned to channel them effectively, the anancasms disappeared. With the conclusion of therapy, these children ultimately re-established themselves in their society better adjusted than prior to the onset of the illness." It is clear from statements such as these that psychoanalytic knowledge as described in other chapters in this volume is being drawn upon.

The psychoanalytic concepts which probably will be of greatest use to general physicians forced to deal with psychosomatic problems are (1) the nature and degree of crystallization of the patient's defenses, and (2) the nature and degree of the patient's awareness of anxiety.

The Rôle Played by Character Defenses. As a sequel to the study of serial admissions to a general hospital (see page 30), an analysis was made of the eighty percent of the series in whom the psychic component of the illness appeared to be of diagnostic importance. It was found (Dunbar and Arlow, 1944) that only about half of these patients came to the hospital in time for psychotherapy to be more than palliatively effective. In the fifty percent who were considered unsuitable for psychotherapy, the character defenses or the illness syndrome, or both, were so definitely crystallized, or so separate from conscious control, that it seemed better to leave them alone. Even the psychosomatic approach to their problems had little to offer. This observation emphasizes again the tremendous importance of early application of psychosomatic principles.

On the other hand those patients suitable for treatment were enormously benefited, and often apparently cured by relatively superficial and very brief psychotherapy. This problem is discussed at greater length in the succeeding chapter in this book. (For case illustrations, see Dunbar and Arlow, *ibid.*)

Degree of Awareness of Anxiety. In determining the suitability for psychotherapy of a patient suffering from physiological dysfunction or organic disease, the degree of awareness of anxiety or the capacity for becoming aware of his anxiety should be carefully evaluated. Rosenberg (1943) writes: "It is worth noting also that

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these cases illustrate the fact that the presence of anxiety symptoms, both in childhood and in adult life, is often of good prognostic significance". After analyzing three case histories, she states: "... The fact that this man whose previous history offered no clues to potential weak spots, who had no memory of previous anxiety or depression, should have collapsed into such abject helplessness early in the campaign certainly suggested that his normal adjustment has been dependent on a very complete repression of his earliest anxiety situations. To what extent this is true of normal people, it is, of course, impossible to say. From my clinical experience, I am inclined to think that complete so-called normality often has a pathological background".

She concludes that: "... these cases illustrate the fact that normal men may have hidden neurotic personalities but that external events, no matter how overwhelming, precipitate a neurosis only when they touch on specific unconscious conflicts".

Stephenson and Cameron (1943) state that in a survey of about 1300 cases of anxiety state seen in a Royal Navy hospital during 1940 and 1941 it was observed that "The less stable types break down early, usually in the training period. For the others there are three stages of stress". The third stage, "*anxiety with exhaustion*" appears in the more stable, conscientious or experienced types. The presenting picture is more of depression and exhaustion, with emotional lability and loss of weight. Blood pressure is less elevated, or is even lowered, but tendon reflexes remain exaggerated. In all types the picture is apt to be mixed, with psychic and/or somatic symptoms, and to vary in severity. In the psychic sphere the anxiety ranges from mild waves in moment of stress to acute panic attacks. . . . Somatic symptoms are directed toward the cardiovascular system; genitourinary system; gastrointestinal system; there are pains in the various systems and parts of the body, of all degrees of severity." *

* James (1940) in an article on *Anxiety Neuroses* writes: "... autonomic impulses pass back into the central nervous system from the viscera. The symptomatology comprises heart symptoms, gastrointestinal complaints, genitourinary symptoms, muscular anomalies, sweating and local flushings, head symptoms, including ocular and aural phenomena, fatigue, loss of weight, dreams, insomnia, etc. The patient will complain of inability to concentrate, forgetfulness and increasing inefficiency. He may become irritable at home. Secondary phobias develop, the commonest being a belief in approach-insanity. Acute anxiety attacks with fainting or inability to stand or walk alone induce the fear of sudden death. These ideas are mirrored in behaviour—seclusiveness, sudden rushes into the street for air or for a long walk, etc. Primitive racial fears are sometimes prominent. Treatment consists of a systematic attack upon the psychosomatic circle which has developed."

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Finally, the general physician who has become aware of the importance of the psychic component in a given disease process should be careful not to attack the patient's secondary illness gain. (See following chapters or Dunbar, 1943.) He should devote attention to an analysis of the patient's fundamental conflicts, the nature of his defenses against these conflicts, and the nature and degree of his anxiety.

IV. SUMMARY AND CONCLUSION

In this brief outline of psychosomatic problems encountered in general medical practice, emphasis has been placed on advances in diagnosis and therapy. Most physicians in this field agree that from one- to two-thirds of all the problems encountered cannot be handled by somatic techniques alone. (Dunbar, 1939; 1942.) In the study of serial admissions to a general hospital it was found that in about eighty percent of the patients (no matter what the illness syndrome) the psychosomatic approach was important for both diagnosis and therapy.

The physician trained in psychosomatic techniques can alleviate, and often prevent the development of, the illness syndromes here discussed. But sound practice necessitates that he evaluate the physiological dysfunction and somatic damage created by these syndromes, as well as the psychological factors involved.*

Many have thought of the contribution of Freud as lying mainly in the area of medical psychology, especially in respect to a hitherto taboo field of investigation. It should not be overlooked that both in the origin of psychoanalytic theory and in Freud's development of it he never lost sight of the essential unity of psyche and soma and he often dealt with somatic symptoms. Still less is it realized to what extent the development of psychosomatic medicine as it is known today derives from the scientific approach to life inherent in Freud's works, and its effect upon our culture and on the minds of people who seldom think of Freud.

The specific understanding of psychosomatic problems appears to lie in the clues it has given to the mechanisms involved. These are relatively easily observed if the physician is interested in observing them, but, as Crookshank wrote some twenty years ago:

* Mayo writes: "It is no doubt possible sometimes to mitigate or banish an organic ill without the second diagnosis: but it is not possible so to *cure* the patient. The patient is not fully cured until he is himself certain of his restoration to health. Confidence in his medical attendant is established when the relevant personal situation has been brought to light. This is evidenced by a sudden disposition in the patient to 'unload' everything upon the doctor."

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"It is easier to ignore what *can* be observed than to renounce what has been asserted". (See Halliday, 1944.) Although extensive discussion of therapy cannot be included in this chapter, it should be noted that very often psychotherapeutic techniques produce results.

It is important to note that some patients arrive on the wards of a general hospital when the disease syndrome is too far advanced for anything more than palliative treatment. This means that:

1. *More attention should be devoted to psychosomatic treatment of patients who seek medical help during an early phase of the disease process.*

2. *More attention should be paid to the techniques now known which may help to avoid the development of a crystallized chronic disease pattern in patients who seek help while the illness is in a reversible phase.*

Very often the general physician who is aware of the psychosomatic implications of the problem presented by his patient can give enough help to avoid a calamity. When this is impossible, either as a result of lack of training in the physician or because of the seriousness of the problem presented, some physician trained in psychosomatic techniques should be consulted.

BIBLIOGRAPHY

- Alexander, Franz, 1939. Psychological aspects of medicine. *Psychosom. Med.* 1:7-17 (Jan.).
- 1943. Fundamental concepts of psychosomatic research: Psychogenesis, conversion, specificity. *Psychosom. Med.* 5:205-210 (July).
- Alexander, Franz, and Saul, Leon J., 1940. Respiration and personality—a preliminary report. Part I. Description of the curves. *Psychosom. Med.* 2:110-118 (Apr.).
- Alexander, Franz, Bacon, Catherine, Wilson, W., *et al.*, 1934. The influence of psychological factors upon gastrointestinal disturbances; a symposium. *Psychoanalyt. Quart.* 3:501-588.
- Allison, R. S., and Belf, M. D., 1941. Peptic ulcer in the Royal Navy. *Lancet*, 240:596-600. (Also in the Inst. of Living. abstracts and translations from the Science Library Series XII, No. 27, and as No. 81 in a series, *British War Psychiatry*.)
- Allison, R. S., Belf, M. D., and Thomas, A. R., 1941. Peptic ulcer in the Royal Navy. *Lancet*, May 3, pp. 565-568. (Also in the Inst. of Living; abstracts and translations from the Science Library Series XII, No. 22; and as No. 79 in a series, *British War Psychiatry*.)
- Benedek, Therese, and Rubenstein, Boris B., 1942. The sexual cycle in women. *Psychosom. Med. Monograph*, Vol. 3, Nos. 1 and 2.
- Bergmann, Gustav von, 1932. *Funktionelle Pathologie. Eine Klinische Sammlung von Ergebnissen und Anschauungen einer arbeitsrichtung.* Berlin: Springer. 425 pp.

PSYCHOANALYSIS TODAY

- Billings, E. G., 1937. The general hospital; its psychiatric needs and the opportunities it offers for psychiatric teaching. *American J. Med. Sc.* 194:234-243 (Aug.).
- Binger, Carl, Ackerman, N. W., Cohn, A. E., Schroeder, H. A., and Steele, J. M., 1944. Personality in arterial hypertension. *Psychosom. Med.* Monograph 8.
- Brown, Ethan Allen, and Goitein, Lionel, 1943. Some aspects of mind in asthma and allergy. *J. Nerv. & Ment. Dis.* 98:638-647. (Also in the *Inst. of Living: abstracts and translations from the Science Library Series XII*, No. 24.)
- Brown, W., Preu, W., and Sullivan, A., 1938. Ulcerative colitis and the personality. *Amer. J. Psychiat.* 95:407-420.
- Bunnemann, O., 1921. Ueber psychogenen Fluor Albus. *Therap. d. Gegenw.* 62: 132-136.
- Crookshank. See Halliday, 1944.
- Daniels, F. F., 1934. Neuroses associated with the gastrointestinal tract. *Amer. J. Psychiat.* 91:529-540.
- Deutsch, Felix, 1938. Emotional factors in asthma and other allergic conditions. American Association of Medical Social Workers, Chicago.
- Dunbar, H. Flanders, 1936. Psychic factors in cardiovascular disease. *New York State J. Med.* 36:423-429 (Mar. 15).
- 1938b. Emotions and bodily changes; a survey of literature on psychosomatic interrelationships, 1910-1933. 2nd ed. Pub. for the Josiah Macy, Jr., Foundation by Columbia University Press, New York. 601 pp.
- 1938c. Psychoanalytic notes relating to syndromes of asthma and hay fever. *Psychoanalyt. Quart.* VII:25-68 (Jan.).
- Dunbar, Flanders, 1939. The bearing of emotional factors on social health programs dealing with economic disability. [Reprinted from Publication No. 9 of The American Association for the Advancement of Science, pp. 199-210.]
- 1942. The scope and potentialities of brief psychotherapy. *Proceedings of the Brief Psychotherapy Council.* Held under the auspices of The Institute for Psychoanalysis, Chicago, Oct. 25-26, pp. 16-22.
- 1943. *Psychosomatic Diagnosis; with foreword by Leonard G. Rowntree.* New York: Paul B. Hoeber, Inc. 41 pp.
- 1944a. Effect of the mother's emotional attitude on the infant. *Psychosom. Med.* VI:156-159 (Apr.).
- 1944b. Susceptibility to accidents; a symposium. *Med. Clinics.* Forthcoming (May).
- Dunbar, Flanders, and Arlow, Jacob A., 1944. Criteria for therapy in psychosomatic disorders. In preparation.
- Ebstein, Erich, 1932. Tuberkulose als Schicksal. Eine Sammlung pathographischer Skizzen von Calvin bis Klabund 1509-1928. Einführung von Georg G. Gruber. Stuttgart: Enke. 184 pp.
- French, Thomas M., Alexander, Franz, *et al.*, 1941. Psychogenic factors in bronchial asthma. *Psychosom. Med. Monographs* [Vol. I, IV], Vol. 2, Nos. I, II.
- Groddeck, G., 1917. *Psychische Bedingtheit und psychoanalytische Behandlung organischer Leiden.* Leipzig: Hinzel. 32 pp.
- Halliday, James L., 1943. Concept of a psychosomatic affection. Reprinted from *The Lancet*, Dec. 4, pp. 692-703.
- 1944. Psychosomatic medicine and the rheumatism problem. *Practitioner CLII:6-15* (Jan.).
- Hammett, F. S., 1920. Observations on the relation between emotional and metabolic stability. *Amer. J. Physiol.* 53:307-311.
- Hartz, Jerome, 1944. Tuberculosis and personality conflicts. *Psychosom. Med.* VI:17-22 (Jan.).
- Henderson, L. J., Bock, A. V., Field, H., Jr., and Stoddard, J. L., 1924. Blood as a physiochemical system. II. *J. Biol. Chem.* 59:379-431.

PSYCHOSOMATIC MEDICINE

- Hunt, J. McV., 1944. Personality and the behavior disorders; a handbook based on experimental and clinical research. 2 vols. New York: The Ronald Press. 1242 pp.
- James, G. W. R., 1940. Anxiety neurosis. *Lancet*, 239:561-564 (Nov. 2). (Also in the *Inst. of Living: abstracts and translations from the Science Library, Series XI, No. 189.*)
- Jelliffe, S. E., 1939. Sketches in psychosomatic medicine. *Nervous and Mental Disease Monograph, No. 65.* 155 pp.
- Kehrer, E., 1922. Ursachen und behandlung der unfruchtbarkeit nach modernen gesichtspunkten. Zugleich ein beitrage zu den storungen des sexuellen lebens, besonders der dyspareunie. Dresden und Leipzig: Stinkopff. 133 pp.
- Knight, Robert P., 1943. Functional disturbances in the sexual life of women; frigidity and related disorders. *Bull. Menninger Clinic*, 7:25-35.
- Mayo, Elton, 1939. Frightened people. Reprinted from the *Harvard Medical Alumni Bull.*, Vol. 13, No. 2 (Jan.).
- McDermott, N. T., and Cobb, S., 1939. Psychiatric survey of fifty cases of bronchial asthma. *Psychosom. Med.* 1:203-244 (Apr.).
- McGuinness, Madge C. L., 1943. *Health News.* New York State J. Med. 43:2338 (Dec. 1).
- Menninger, Karl, 1938. Emotional factors in hypertension. *Bull. New York Acad. Med.* 14:198-211 (Apr.).
- Moschowitz, Eli, 1943. The hyperkinetic diseases. *Amer. J. Med. Sciences*, 206: 576-599 (Nov.). (Also in the *Inst. of Living: abstracts and translations from the Science Library, Series XII, No. 33.*)
- Mühl, Anita Mary, 1929. Tuberculosis from the psychiatric approach. *Psychoanalyt. Rev.* 16:397-403.
- Orr, Douglass W., 1941. Pregnancy following the decision to adopt. *Psychosom. Med.* 3:441-446 (Oct.).
- Rado, Sandor, 1940. A critical examination of the concept of bisexuality. *Psychosom. Med.* 2:459-467 (Oct.).
- Richter, Helen G., 1943. Emotional disturbances following upper respiratory infection in children. *Amer. J. Psychiat.* 100:387-396 (Nov.).
- Rosenberg, Elizabeth, 1943. A clinical contribution to the psychopathology of the war neuroses. *Internat. J. Psycho-Analysis*, XXIV:32-41.
- Rush, Alexander, 1943. Gastrointestinal disturbances in the combat area; preliminary observations on functional disorders of the digestive tract. *J.A.M.A.* 123:471 (Oct. 23).
- Saul, Leon J., 1938. Psychogenic factors in the etiology of the common cold and related symptoms. *Internat. J. Psycho-Analysis*, XIX:451-470.
- 1941. Psychosomatic knowledge in case work. *Family*, 22:219-226.
- Spiesman, Irwin G., 1941. An experimental and clinical study of the common cold. *Ann. Otol., Rhinol., Laryng.* 1:1204-1214 (Dec.).
- Sprague, H. B., 1939. Mental adjustments to heart disease; factors involved in disability. *J.A.M.A.* 112:2384-2385 (June 10).
- Steinberg, D. L., and Wittman, M. P., 1943. Etiologic factors in the adjustment of the men in the armed forces. *War Med.* 4:129-139 (Aug.). (Also in the *Inst. of Living: abstracts and translations from the Science Library, Series XI, No. 200.*)
- Stephenson, C. V., and Cameron, K., 1943. Anxiety states in the Navy. *British Med. J.*, Nov. 13, pp. 603-607. (Also in the *Inst. of Living: abstracts and translations from the Science Library, Series XII, No. 12.*)
- Stern, Erich, 1925. Die psychie des lungenkranken. Der Einfluss der lungentuberkulose und des sanatoriumslebens auf die seele des kranken. Halle: Marhold. 168 pp.

PSYCHOANALYSIS TODAY

- Weiss, Edward, and English, O. Spurgeon, 1943. Psychosomatic medicine; the clinical application of psychopathology to general medical problems. Phila. and Lond.: W. B. Saunders Co. 687 pp.
- Whitacre, Frank E., and Barrera, Benjamin, *et al*, 1944. War Amenorrhea: a clinical and laboratory study. J.A.M.A. 124:399-403, Feb. 12.
- Wilson, G. W., 1941. A study of structural and instinctual conflicts in cases of hay fever. Psychosom. Med. 3:51-65.
- Wittkower, E., und Petow, H., 1931-1932. Beiträge zur Klinik des asthma bronchiale und verwandter Zustände. V. Zur Psychogenese des Asthma bronchiale. Ztschr. f. klin. Med. 119:293-306.

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THERAPEUTIC APPROACH TO PSYCHOSOMATIC PROBLEMS

AT THE present time psychosomatic medicine is enjoying considerable popularity. This is readily understandable since the emotional factor in disease could hardly have been avoided any longer. In the first place the patient's demands for better results made it imperative that the psychic factor should be unearthed and treated but the doctor also was eager to give better results in certain disease conditions.

Prior to the adoption of the concept of psychosomatic medicine the way to treating the psychic factor in disease lay through further study and treatment of what has been called psychoneurosis. For reasons that are quite generally known the aura of prejudice which had grown around the term psychoneurosis seemed to prove a stumbling block in the way of rapid progress in understanding and treating the psychic factor in disease. The patient did not wish to be regarded as neurotic and the physician did not want to openly designate him as such. To be psychoneurotic implied such things as weakness, self-indulgence, inability to cope with life's responsibilities and, hence, in nearly fifty years' time doctor and patient were progressing rather slowly in understanding and treating the psychic factor in disease symptoms.

A relatively short time ago the term psychosomatic medicine was revived and it seems to have "caught on." The patient has thereby gained a term covering his illness which sounds less odious than being regarded as neurotic. The organically minded physician seems to have welcomed the term as if he would say, "At last those psychiatrists have gotten around to including a study of the soma with their study of the psyche. They are being sensible and now we will go along with them." So everybody seems to be happy over this supposedly new approach to the psychic factor in disease.

However we might well take stock of factors inherent in this area of medicine in order that too much disappointment and disillusionment do not come to both the patient and the physician. The problem of the psychic factor in disease was never an easy one

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and it surely has not become any easier with the advent of the concept of psychosomatic disease. We are no doubt fortunate in one thing resulting from the concept of psychosomatic disease, and that is that the patient is a little more willing to be studied and the average doctor a little more willing to consider the patient's emotional life as a pathogenic factor in the problem of the symptomatology. However we should bear in mind the fact that in about a half century the medical profession as a whole and the public at large had not achieved a very complete understanding of the psychoneuroses and consequently both must continue to struggle even harder to understand the faulty personality integrations which can produce the bodily symptoms of psychosomatic disorders. Things are not going to be wonderfully easy just because we have discovered psychosomatic disease. There is no magic in the word psychosomatic which includes many more syndromes and even more psychopathology than the psychoneuroses ever did. The patients with psychosomatic disorders endure a great discomfort which they are going to want to have relieved as rapidly as possible. Rapid results are not possible in seriously sick personalities and while, as psychiatrists, we are glad that some of the short cuts to the alleviation of mental suffering by way of surgery and other means will be less frequently attempted we should see that the honest physician is being put in a position of a greater responsibility and he is going to have to utilize greater skill in handling his patients the better he understands the whole problem of psychosomatic disorders.

Actually through accepting the responsibility of diagnosing and treating properly, the physician is taking on a bigger task and more responsibility than he had in the management of the neuroses and with very little more understanding of what it is he has to treat. The psychoanalyst is very much concerned with this problem since an understanding and treatment of the neuroses demand a knowledge and a "feeling of the meaning of" infantile trends and what they do to pervert physiological functioning if they are not properly sublimated in socially useful or acceptable demands. In the so-called psychosomatic diseases infantile emotional trends are even more active but, at the same time, they are here more subtly exerted. They are more difficult to detect, more difficult to reveal to the patient and it is more difficult to effect that re-distribution of psychic energy which is necessary for cure. The rebirth of the concept of psychosomatic disease was largely the result of the labor

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of psychoanalysts and of some outside the psychoanalytic field. While workers in other fields made many excellent contributions to the work it did take the psychoanalysts to show the variety and influence of infantile trends. Others could not have made the contribution because they were always repudiating the force of infantile trends exerting their force upon physiologic functioning. It is in this particular area that we face some difficulty for the next few years to come. While we feel the term psychosomatic disease is fortunate from the standpoint of semantics for progress in this important field of medical endeavor, the fact still remains that calling sickness a psychosomatic disease is going to make little difference in helping the sick patient to face and understand his infantile trends and be willing and able to modify them in the treatment process. Moreover, the non-analyzed physician is going to have difficulty in a satisfactory understanding of these emotional forces—at least in a way that will be necessary for him to get the patient's help and cooperation in a reintegration of his personality structure.

Let us compare the situation of symptomatology of the upper gastro-intestinal tract in conversion hysteria and in anorexia nervosa. These are two conditions both having symptoms related to the same area, both having a psychic etiology and both lying a varying distance between emotional health and frank psychosis. In the vomiting of conversion hysteria we find with a minimum of investigation that there has been some immediate and usually fairly dramatic event taking place in the patient's life such as exposure to some unwelcome or disgusting sexual experience or a quarrel with someone to whom there had been a strong emotional attachment. Moreover this patient, it will be found, has considerable emotion available with which important social and personal ties have been made and various phases of life have definite conscious and conventional meaning for the patient. Moreover, the capacity for relating emotionally to others makes it possible to relate emotionally to the doctor—to accept his explanation of the mechanism of symptom formation and to be willing to be educated rather readily to more mature ideas and emotional reactions.

In the case of anorexia nervosa, on the other hand, we deal with a much different personality and the practical problem of therapeutics is much more difficult. In the first place there is a much more fundamental failure in adaptation to life than in the conversion hysteria. Life has been much less meaningful and enjoyable

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throughout. The failure in social adaptation has been the result of much emotional deprivation, deep seated fears and hostilities. The organization of family life from which the patient comes has been much less wholesome than in the conversion hysteria. There may have been over-emphasis upon eating during infancy and childhood by a mother who tried to substitute food for a love and tenderness for the child she was unable to bring forth. There is always a much greater supression of psychosexual development in these cases than in conversion hysteria and this has occurred at all stages of development so that in women, for instance, the girl has no interest in marriage, no desire to be made love to, no interest in motherhood, fears pregnancy, has erroneous and perverted ideas about sexuality so that she unconsciously imagines that eating produces pregnancy—to be fat is symbolic of being pregnant. The force of these emotional and ideational distortions may be powerful enough to include the reproductive system and bring about amenorrhea. Hostility toward the mother is frequently marked in these cases though covered up by a superficial mutual oversolicitousness on the part of both. To eat normally for these people is to symbolically act out one or more of several possibilities, to enjoy sensuality, to suck or enjoy or to destroy the penis. Now any psychoanalyst, who looks back for a moment at his difficulty in recognizing and understanding his own infantile trends not to mention the number of hours it takes for his patients to recognize, understand and change them, will realize what a burden we put upon the average unanalyzed physician and his patients when they are set to work on the psychotherapeutic care of a psychosomatic problem such as anorexia nervosa. Migraine, colitis, asthma and the others will be no easier. With conversion hysteria, certain cases of neurasthenia, and anxiety hysteria greater transference possibilities make some degree of re-education and improvement possible with a reasonable effort. The doctor as a scientific friend will help the patient if his examination is thorough and if he assures the patient he has no organic diseases and offers him a simple and scientific explanation of his symptoms. But in psychosomatic disease a great deal more is asked of physician and patient. After proper examination has established the diagnosis the doctor must ask the patient for a confidence, a trust, a "feeling of good will which will foster instruction" that the patient ill with psychosomatic disease is ill equipped to give. It is not that he *will* not. He just *can* not. His early life experiences as an infant and a

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child have been too devoid of warmth, affection and friendly interest for him to bring forth these important feelings. Some of these patients spend months in psychoanalysis learning how cold, hostile and rejecting they are. Only after they develop some capacity for loving do they come to be in a mood for learning the dynamics of their symptomatology.

Assuming that they are not too rejecting of the doctor and the psychodynamic approach to their disorder they and the average physician also are going to have some struggle with the concepts of symbolism. When the twenty-five year old woman with anorexia nervosa is confronted with the psychodynamics mentioned above she is very prone to think something like the following. "Why, you silly man! Surely you can't be implying that I, a grown woman of twenty-five, have the belief that I will become pregnant through eating or that by rejecting food I am rejecting love or sexuality, and as for wanting to bite my mother's breast or my father's penis you are being downright insulting and obscene." To this reaction on the part of the patient, either verbalized or acted out, the doctor will probably in his mind think as follows. "This patient is rejecting my ideas and ridiculing me. Probably I do sound fantastic. I'm losing my prestige with this patient. Damn those psychoanalysts anyway. I never thought those things were true myself. I'll quit this psychotherapeutic approach and start this patient on vitamins and iron injections."

Naturally we have condensed (although we do not believe we have caricatured) in the above dialogue. We do not mean to imply that the physician would introduce all these symbolic meanings in any one interview. We allow that he will take time for history, establishing rapport and gradually working in as much insight as the patient can stand. *In spite of this* we must face the fact that physicians are being forced to try psychotherapeutic techniques with a lack of conviction in their own minds about the distortion of ideation present in the psychosomatically ill person, without having had a chance to properly measure the amount of "resistance to learning" in the patient and with a limitation in time which would be necessary to bring about a very happy result. Consequently if much success is reported in the treatment of psychosomatic disorders in the next ten years it will be because the doctor "follows the fashion" until the essential truth of psychodynamics becomes common sense and because (1) the desire to get well and (2) the faith in the doctor bring about the same good results they have

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brought about for centuries regardless of the therapy applied. This does not mean that the author does not approve of psychosomatic medicine or its introduction at the present time. On the contrary, we believe it is long overdue. The point of these remarks is to try to make clear certain implications in the psychosomatic movement within medicine. The clearer we are as to what is going on in this area the better we can circumvent misunderstanding. There is probably a larger percentage of the population than we realize who are impatient with or intolerant of the physician and his methods. Though increased knowledge in the field of psychosomatic medicine is bound to work out for the welfare of the patient in the end, he is likely to resent the transition period—the educational period—we are in at present. It behooves the psychoanalyst, the psychiatrist, the general practitioner and the specialist in fields other than psychiatry to join hands and work with one another in helping sick people to learn that the most common-sense mind on the surface has hidden recesses in which childish or bizarre ideas lie hidden in the matrix of emotion which can furnish the “toxin” for pain, discomfort and disability. Doctors in formation in the medical schools must be made as convinced of it as possible. Only then can we make the patient-to-be sure of it also so that he can properly cooperate with us in making the dynamics of psychosomatic medicine of fullest benefit to him in relieving his suffering.

At the present time we see no easy answer to this most difficult therapeutic problem. Man's instinctual cravings in potential cases of psychosomatic disease are deeply and thoroughly repressed and trying to live with these instinctual demands clamoring for expression eventually makes him ill. But he is in no mood to recognize either his deeper emotional needs or the faulty ideation which has grown up alongside his pain of conflict (anxiety). Only prolonged and deep psychological therapy (psychoanalysis) will rescue him from his suffering in most instances. And yet through a *little* knowledge concerning psychosomatic disease the patient and doctor may be led to expect cure while both parties remain far from a mutual understanding of the psychodynamics of the illness. We need more psychoanalysts who will continue to work with the instinct theories of Freud; since it is perverted expression of instinctual drives into the body systems which brings about psychosomatic disease. Moreover while environment and social conditions may pervert the expression of instinct this is no reason to allow the truths concerning instincts and their expression to be lost

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or ignored. In the coming few years the dynamic force of primitive instinctual trends and primitive thinking may be done an injustice by those other than psychoanalysts (and perhaps some of the latter) in attempting treatment of psychosomatic disorders because the "times" and the number of psychiatric problems put upon all of us a great pressure toward shortening the psychotherapeutic process. It will be an obligation of the psychoanalyst to see that wishful thinking regarding the care of understanding and treating of psychosomatic disease does not lead to a too superficial psychotherapeutic approach. To have this happen in such an important field of medicine could only lead to disillusionment on the part of the patients and our colleagues and result in hindering the progress of the excellent work already begun.

BIBLIOGRAPHY

- Alexander, F.: "Influence of Psychological Factors upon Gastro-Intestinal Disturbances" (Symposium), *Psychoanalytic Quarterly*, III, 501 (1934)
- Lorand, Sándor: "Anorexia Nervosa—Its Psychodynamics and Treatment," *Psychosomatic Medicine*, V, No. 3 (July, 1943)
- Moulton, Ruth: "A Psychosomatic Study of Anorexia Nervosa Including the Use of Vaginal Smears," *Psychosomatic Medicine*, IV, 62 (1942)
- Masserman, J. H.: "Psychodynamics in Anorexia Nervosa and Neurotic Vomiting," *Psychoanalytic Quarterly*, X, 211 (1941)
- Waller, J. V.; Kaufman, M. R., and Deutsch, F.: "Anorexia Nervosa," *Psychosomatic Medicine*, II, No. 3 (1940)
- Weiss, Edward, and English, O. Spurgeon: *Psychosomatic Medicine*, Chapters 6 and 8 (W. B. Saunders, 1943)

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CHILD ANALYSIS

THE history of psychoanalysis is short; that of child analysis is even shorter. We trace the beginnings of child analysis to Freud's report on the "Phobia of a Five-year-old Boy", published in 1906. In that first attempt to treat a child by analytic means Freud relied, for all the information about the child, on the father, who had been analyzed and who was familiar with Freud's views. After relating the history of the child and of his illness, the father gave successive detailed reports about him. From these reports Freud suggested what interpretations the father should give to the child. Freud himself saw the child only once. Speaking of the father, he wrote, "No one else could possibly have prevailed on the child to make any such avowals. The special knowledge by which he was able to interpret the remarks made by his five-year-old son was indispensable, and without it the technical difficulties in the way of conducting a psychoanalysis upon so young a child would have been insuperable. It was only because the authority of a father and a physician were united in a single person, and because in him both affectionate care and scientific interest were combined, that it was possible in this one instance to apply the method to a use to which it would not otherwise have lent itself."

The case of "little Hans" was a milestone in the development of psychoanalysis. The study of the boy's animal phobia substantiated Freud's views regarding the regular phases in the emotional development of the child. These views had previously been based on reconstructions of traumatic events in the analysis of adults. "Little Hans" brought the first direct confirmation of these reconstructions. At the same time, the favorable reactions of the child to the interpretations given him by his father illustrated the potentialities of psychoanalytic therapy for children.

While Freud in 1906 assumed that these therapeutic effects could be obtained only if analyst and parent were the same person, the later development of psychoanalysis with children has shown that this identity is an impediment: the child's analysis by one of his parents seems hardly commendable.

The first steps towards child analysis as we know it today were made by Hermine Hug-Hellmuth, whose therapeutic work with

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children dates back to 1913. She visited children in their homes in order to observe them while sharing in their play. In her approach, the interpretation of unconscious material was combined with direct pedagogical influence.¹ Hug-Hellmuth's observations, first published in the *Internationale Zeitschrift für Aertzliche Psychoanalyse* and later in *Imago*—in a section edited by herself and called "The True Character of the Child's Mental Life"—were at that time especially valuable as confirmations of Freud's concepts about early childhood.

Only since the third decade of the twentieth century has the technique of child analysis eliminated this stress on a non-analytic point of view. In child analysis no less than in adult analysis, today, we believe that in making conscious what is unconscious we enable the patient more fully to adapt to reality. The means employed in child analysis must however be adjusted to the level of the child's personality. Two main approaches have developed, differing in several respects. The one approach is based on the work of Melanie Klein, the other, on the work of Anna Freud, both of whom began to analyze children in the early 20's. To both, child analysis has yielded new insights, and reinforced others previously gained in their work with adults.

Melanie Klein's interest centers around the unconscious fantasy life of the child. She works with children of all ages, and has reported the successful treatment of children as young as two years. Her main tool is the interpretation of symbolic expression. Interpretations of the child's play and action are made directly to the child, and even in the first interview with him the deepest interpretations are given. Melanie Klein puts little emphasis on the reality-situation in which the child lives; she therefore does not need the reports of parents, which seem to her to be distorted by their own unconscious conflicts.

Based upon the evaluation of the inferred fantasies, Melanie Klein has developed some theoretical concepts deviating from those formulated by Freud. Her collected views were published in 1932 ("Child Analysis"); since then she, Susan Isaacs, and a number of analysts of similar views, mainly in Great Britain, have published their contributions in the *International Journal of Psychoanalysis*.

Anna Freud, though mindful of the significance of id representatives, turned her interest predominantly towards an understanding of the personality of the child as revealed by its ego

¹ Hug-Hellmuth: "On the Technique of Child Analysis," *Int. J. of Ps.*, Vol. II, pp. 287-305.

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patterns and actual conflicts. She relies no less on play, drawings, and verbalizations of the child than does Melanie Klein. The material evaluated includes fantasies, dreams, day-dreams, and continued stories and daily experiences. But no child analysis is conducted without the support of the parents, in the form of regular reports about the child's behavior at home or at school. These reports are not used as were those of little Hans' father, for direct interpretation, but as a source of information. Anna Freud realizes that this information is to some extent distorted by the parents' unconscious conflicts; but she assumes that the child's reactions are determined by these conflicts, and so considers the parents' reports, and the contact with them, doubly valuable.

The close touch with the child's daily life is essential to Anna Freud's therapeutic technique. She too generally starts out from a study of the defenses which the ego establishes against the instinctual drives, and these defenses are studied in the daily reactions of the child to his environment—in the analytic office, at home, and at school. After analytic interpretation has enabled the child to understand the mechanism he uses as a defense, unconscious material becomes accessible.

In 1927 Anna Freud's observations were first submitted to a circle of analysts, in a series of four lectures delivered at the Psychoanalytic Institute in Vienna and later published as "Introduction to the Technique of Child Analysis." The main emphasis of this book rests upon a comparison between the analysis of children with that of adults. Part of the difference concerns the relationship between analyst and patient: not only must the child gain confidence in the analyst and in analysis, but he has to be led to an acceptance of his need for treatment. In the analysis of the adult, the reaction to the analyst grows into a full transference neurosis, whereas, in the analysis of the child, the analyst is largely a helpful adult to whom emotions are transferred; but signs of transference are only temporary, and less intense. As the parents are still psychologically predominant, transference plays a smaller part in child analysis than in adult analysis. Wherever it does appear, it is used as a means of therapy, as in adult analysis.

In 1936, in her book, "The Ego and the Mechanisms of Defense", Anna Freud elaborated her views and presented clinical material from the analysis of both adults and children. This book has been of decisive influence in the further development of psychoanalytic technique.

I have spoken of two different approaches in child analysis: that

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of Melanie Klein and that of Anna Freud. The concepts and technique of the latter are discussed in what follows here.

While no detailed history of child analysis can here be given, it should be mentioned that from 1913 on, an interested and active group in Switzerland had made valuable contributions to the field. A little later, equally prospering groups began work in Budapest, in Berlin, and in the United States. The observations of these groups were published, from 1926 to 1937, mainly in the *Zeitschrift für Psychoanalytische Pädagogik*, a journal about child analysis and the educational problems of children. Interest in the subject has within the last two decades spread to pediatrics, education, and social work. We now find case histories of the treatment of children by methods akin to child analysis, and articles about child analysis itself, as a regular feature in professional journals everywhere, especially in this country.

We have spoken about child analysis in contradistinction to adult analysis, as if it were an entity in itself. But as the ages in which children are taken into treatment extend from two years until adolescence, it is evident that the approach to each child must vary with his age. A reiteration of what we know of the structure of personality will help us understand the variations of method at each stage of development.

The ego of the adult has to maintain a balance between the three forces that besiege it—id, super-ego, and reality—in order to preserve the life functions. At the beginning of development, in the young child, the absence of super-ego and the immaturity of the ego are responsible for the unbalance that exists; the ego alone is not capable of safeguarding the life functions, and the child is therefore dependent on his environment. With the gradual strengthening of the ego and the development of the super-ego, as the child grows older, his personality structure more closely resembles the adult's. The neurotic symptoms developed before the Oedipal phase represent a conflict between the id of the child and his immediate surroundings, mainly the parents. After the Oedipal phase, the symptoms are signs of a fully developed neurosis, i.e. both agents in the conflict, id and super-ego, are within the child himself.

It follows that at nearly every point child analysis is more intricate than adult analysis. The initial step, the question of indication, already involves special factors. We are confronted with the need to judge whether the child's symptoms may be

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eliminated by educational or parental guidance, or by maturation itself. When this is improbable, analysis may be warranted. While not all criteria for the indication of analysis can here be discussed, the decisive criterion may be stated: it is less the severity of the symptom, i.e., the degree to which it upsets child or parent at the moment, than its prospective importance in the child's life.

Some of the typical disturbances for which parents tend to seek the help of psychoanalysis are:

In the young child (from three to six): acute anxiety states (nightmares, etc); phobias; feeding problems.

In the child in latency (from six to twelve): various hysterical symptoms; temper tantrums; enuresis; stealing; obsessional symptoms; stammering; tics; learning difficulties; truancy.

In pre-adolescents and adolescents: tendencies towards delinquency, or asceticism; hunger strikes; obesity resulting from an insatiable greed for food (primarily in girls); learning difficulties; truancy.

This enumeration is not meant to be inclusive. The periods indicated are not those when the symptoms first appear in the child's life, but rather those when the symptoms cause increasing inconvenience or unhappiness to the parents.

Once it has been decided that analysis is indicated, our attention turns to another factor vital to child analysis, that is, the possibility of the parents' cooperation. As we have indicated, this holds especially for the young child. Unless the parents are, with the aid of the analyst, emotionally and intellectually able to cooperate, analysis should not be considered. The adult patient continues his visits even during resistance because of his rational aim in undergoing treatment, but the child cannot be expected to reason similarly when he prefers to stay away. During these periods the parents must necessarily sustain the regularity of the child's visits to the analyst. This help is essential.

The parents' help is equally essential in one more respect. The obligation to be completely truthful, which we impose upon adult patients, cannot be exacted from the child. While we may introduce it gradually, for a long time the child's reports about emotionally significant daily experiences may still be extremely deficient. This is the reason why the continual reports of the parents, mentioned before, cannot be dispensed with.

In asking this cooperation, we should bear in mind the difficulties that parents have to face when they bring a child to analysis. The emotional strain is especially great in the mother. For her

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even the daily routine of the disturbed child may be a heavy burden. Besides, it is often very painful for her to have relatives or neighbors observing her child's symptoms. This alone is a narcissistic injury. The fact that the child needs psychiatric guidance is further aggravating. It represents to the mother evidence of patent failure on her part.

During the analysis, the mother must bear with the increasingly close relationship of the child to the analyst. The child, instead of bringing his secrets and his affection to the mother alone, now brings an important part of them to the analyst. The mother feels excluded, and her tendencies toward jealousy are bound to be intensified.

Another trial awaits the parents in the course of the treatment. We try to prepare them beforehand for the fact that in our talks with the child we shall have to be free to tackle whatever subject the child may be concerned with. This, to some parents, may mean the giving up of a "traditional" and cherished taboo on certain subjects. Typical of these subjects are sex and religion. Even parents who are in principle prepared to give their children all information about the facts of life still shrink from complete frankness about certain details. The stork myth has almost vanished in our day. Modern explanations range from the simple fact that the baby comes from its mother's tummy, to elaborate scientific descriptions of the entire process from conception to birth. In substance, these explanations do not lie; yet the scientific terms used very often serve to rule out associative material, and the explanation, instead of conveying real knowledge, has the effect, rather, of conveying the taboo. We find that in each case the truth is beclouded just at the point where the taboo of the individual parent sets in.

If we fail to prepare the parents for our discussion of these tabooed subjects with the child, they may resent very much the frankness that must be exercised in the analytic treatment.

Since parents come to the analyst in urgent need of relief, the analyst might be prompted to act as the guidance worker, and advise them how to improve their behavior toward the child, or how to make changes in the home or school environment. He should as much as possible refrain from such action because the intermediate aim of the analyst is to observe and understand how the child's symptoms and character have developed. Later, when in the course of the treatment the analyst has learned how the child evaluates the situation in which he lives, the analyst can, in con-

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junction with the child, try to affect it. Sometimes such changes may even come about without special effort, because the changed attitude within the child himself bears influence upon his environment. For example, a child who has continually provoked scenes with his parents may, after understanding his motivations, cease the provocations, and thus find himself no longer in the unhealthy state of being habitually punished.

This very necessary contact between parents and analyst sometimes creates difficulties. The child may oppose the association, and in spite of all the attempts to make him realize that this association can promote the common goal, he may not be convinced and may not give his consent. In these cases, one sometimes has to resort to secret consultation with the parents; this is always undesirable, however. Parents are sometimes not able to keep the promise of secrecy; in one or another of the emotional crises of home life they might let slip a reference to their visit to the analyst. The child's trust in the analyst might thereby be severely shaken, and further productive work might at least be delayed. If, on the other hand, the child knows of the talks between parents and analyst, the latter may openly use the information obtained from the parents.

These and similar factors make it understandable that we have to weigh very carefully whether or not parents will be able to cooperate with the analyst. If we find that they can we still have to be extremely tactful in our dealings with them, throughout the period of treatment. Where close contact with both parents is not possible, one nevertheless aims for the full consent of both to the treatment. A negative attitude in even one parent to analysis or to the analyst might be enough to heighten the child's conflict to such an extent that the treatment would be frustrated. This is because, as a counterpart to the mother's jealousy of the analyst, the child himself often feels guilty about the transference of his emotions to an outsider.

The importance of parent cooperation decreases as the child comes of age. With children in the later years of the latency period, analysis can sometimes be undertaken with fair hope of progress even without depending on much help from their homes. This is as a rule probable only if analysis promises to relieve the child from anxieties and tensions from which he consciously suffers. The greater the child's acceptance of the fact of his illness, the more child analysis may approximate the analysis of adults. Generally, however, differences predominate, as is evidenced by the

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fact that we cannot use the technique of free-association, upon which treatment in adult analysis is based.

The obligation to verbalize everything that comes to his mind cannot be required of the child, nor can we expect him to accept the relaxed position on the couch. In latency both these conditions can, in exceptional cases, sometimes be fulfilled, but then only for short periods. In earlier stages of the child's development, the renunciation of motility is experienced as an imposition, which might increase tension and give rise to anxiety. The obligation to be truthful is equally difficult to fulfill. While ordinarily we expect that the average adult patient does not withhold definite information, and does attempt to tell the analyst his conscious thoughts without reservation, the child usually takes a long time, and struggles considerably, before he can do so. Only after interpretations have loosened some ground, after the intensity of the child's fears is somewhat reduced, and some of his preferred defense mechanisms have been exposed, does the child yield his secrets, such as those concerning his masturbatory activities.

This is an important step in child analysis. One may well be tempted to compare it in significance to the revival of a repressed memory in the analysis of an adult. And yet the comparison is to some extent deceptive, since the results of child analysis, as well as adult analysis, depends upon the patient's insight into his unconscious motivation. To remain within our example; the discussion of the child's conscious secrets, of his masturbatory activities, is intended to lead to a discussion of accompanying fantasies, and subsequently to the various repressed fantasies of previous phases of the child's masturbation.

As we must forego the means used in adult analysis, we turn to other sources for information. Various forms of play disclose much to the analyst, and even games which give little scope to imagination prove useful. A jig-saw puzzle may not itself reveal much since the pattern of the picture is prescribed, but it offers an opportunity to observe behavior. For instance, a child who has once begun to assemble the picture may not be able to interrupt himself and may be driven to go on with the puzzle until the very last piece is fitted into it. Another child, after having done a good part of the picture may, as soon as he fails to find a necessary piece, get into a temper and sweep the puzzle to the floor. Both reactions may lead us to insight into the child's behavior patterns.

In competitive games, many children may lose with no sign of disturbance. Others, whose conflicts center around rivalry, use

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various devices to avoid the painful experience. When they realize that there is danger of losing they may declare that the game is boring and thus terminate it before they lose; or they may change the rules, prolonging the contest until they can win by a spurious method.

Behavior of this kind lends itself to interpretations: it is a sign that the child attempts to avoid anxiety. Since we aim to uncover this anxiety, our first step is to point out the child's defenses. We do so gradually, after having observed similar patterns used by him in similar situations. Once the connection between the defense and the anxiety is realized by the child, the defense mechanism begins to lose its protective value, and, step by step, we may approach the underlying material.¹

Other activities of the child, like his relating of fantasies, lead us, by their content, into his conflicts. The child either tells stories or dictates them to the analyst, often enjoying seeing them in script. In the same way, pretended letters and conversations have their place in the analytic session. In dramatic play which the child invents at the spur of the moment, doll, child, and analyst are each assigned their significant roles. To the analyst, who is at once actor and audience, such a presentation of material can be very impressive.

All these media are used not only for observation but also for interpretation. Interpretations can be given to the child in the pretended role, or about the child in the story, at a time when the same interpretations, undisguised, might still meet with the "real" child's flat denial. Yet there exists an underlying mutual understanding of the essential meaning behind the disguise. At times the child becomes interested in these interpretations, and switches the application over to himself without at first realizing it. At other times, he admits that the interpretation might apply in the case of a friend; or, again, to some long past period in his own life, when he had problems similar to the child in the story. "Long ago" turns out to be a few weeks ago, or even a few days ago. Only

¹ A little girl was occasionally bossy and negativistic during the session. In the course of the treatment it was observed that she behaved in this way on days when she feared being found out and scolded by her mother for breaking something of her mother's. The mechanism which the child used, Anna Freud's "identification with the aggressor" ("The Ego and the Mechanisms of Defense") was easily brought to her attention, and after repetitions of this behaviour occurred, the child came to understand the connection between her destructive acts, her fears, and her bossiness. Then, on later occasions when she was bossy, the analyst could ask, "What of mother's things have you spoiled today?"

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much later does the child admit that the interpretation might be true for himself, and at the very moment.

Interpretations must not only be given carefully; they must also be timed prudently, since children do not express their instinctual wishes and hostilities in words alone, but in immediate action: immediate action against the person and possessions of the analyst, as well as against people and objects at home, school, and elsewhere. Should the analyst fail to verbalize the child's wishes and interpret them at the right moment, he runs the danger of having the office flooded or set afire. The problem of how to prevent such acting out, or of how to handle it when it occurs, is often difficult. Although the ideal we aim at is always to give the right interpretation at the right moment, in the case of the average adult patient it might not be so disastrous to miss the opportunity to give an interpretation, as another such opportunity usually presents itself soon again without any unpleasant situations intervening. The corresponding situation in child analysis may be illustrated by an example:

A little boy of five was concerned with problems of sex and of bodily changes, knowledge hidden from him by his parents. One day in his session he brought up a question about some trinkets he observed in a box in a desk drawer. It was clear that some curiosity was at work in him, but this was not interpreted because the analyst hoped for further evidence of it. In the next session, the child was comparatively wild and began to attack the analyst, with vehement attempts to get at her skirt and look beneath it. If, in the previous interview, the child's curiosity had been interpreted, to the effect that he wanted to know of other hidden things, not only of those hidden in the jewel box, he would then and there have been enabled to verbalize his desire, and would have received satisfying information regarding his basic curiosity. As the interpretation was not given at the right moment, the analyst found herself in the undesirable position of having forcibly to restrain the excited attack, before she could supply the belated analytic interpretation.

A word about the question of the duration of the psychoanalytic cure of children: there was for some time a tendency to assume that the treatment of children would be relatively short, since the child's disturbances are of only recent origin. This expectation was disappointed because of the fact that the defense mechanisms which the analytic process tries to shake are especially strong in the child in latency. They have to protect him from anxieties that

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are more closely related to the external world than they are in the case of the adult. To put it briefly: the castration fear, and all its derivatives, is experienced by the child as is a real danger by the adult.

No description such as has been given here can quite illustrate the particular atmosphere of a child analysis. In order to approximate the picture, three short examples of the analysis of defense mechanisms may here be included:

An eight-year-old boy was brought to me largely because of temper tantrums and tics. I shall not give the history of his analysis, but only a few salient facts necessary for our understanding of his defense mechanism.

In his earlier years the boy had shown the normal Oedipal attitudes. He had male-active wishes toward his mother. But out of fear of coming into conflict with his strong father, he had tried to give up these wishes, but had not quite succeeded—or rather, he had more than succeeded. He had, in fact, given up most of his active tendencies, and turned from being a rival of his father, into a rival of his mother for the love of his father. But this turn could not satisfy him because now his wish to be the love-object of the strong man included again the danger of castration. Avoidance of castration had been the boy's motive for giving up his strivings toward his mother.

The next step, the one we are at the moment interested in, was the defense which his ego chose against the danger of castration—the mechanism of identification: identification with the strong and dangerous man. Thus he became not the castrated, but the castrator.

When, around Halloween, the child's anxieties were quite stirred up by the stories of ghosts and by the sight of masks, he displayed his whole mechanism during one single session, in the following way:

He began by telling me of the various ghosts and of his fright of them during the preceding night. He had hardly dared move in his bed. To calm his fears, he had to have the light on, and he had taken all his valuable toys into bed to protect himself against the ghosts. He had at one point even brought a table and chairs into the bed, "to build a stronger castle." While telling me this, and developing the fantasy about the mighty power of the ghost, he suddenly turned to tell me that he thought that really this ghost was chasing him as if he were a kind of special person . . . perhaps a friend. Though the ghost was still very dangerous to

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all other people, he was beginning to be a kind of protector of my little patient.

A few minutes later, during his dramatization of the ghost's power, the boy took the next step: he began to tell me that in fact the ghost had lent him some power, for a limited time . . . now the boy could visit anybody he chose . . . he could frighten whomever he pleased. Before long, the little boy was just as powerful, for all time, as his big ghost friend.

At that moment he took up an old cracked sheet of black oilcloth and put it over his head to frighten me, whirling about and upsetting the room in the demonstration of his might. Suddenly he reappeared as himself, but no longer afraid. Now he could have the full power of the ghost any time he wanted it, and he demonstrated this more than once during this hour,—probably whenever doubts of his power began to reappear.

We are not always able to observe this development from the fear of being harmed by attack, to the full identification with the aggressor, as we did here, in *statu nascendi*, and step-by-step.

Another example of the same mechanism was shown in the case of a little girl of ten, who was afraid that because of financial difficulties at home she would not be able to go on with her treatment. This child usually liked to come for her analytic sessions and enjoyed them very much; but now, she began to say how bored she was with her visits. She said she didn't like to come any more—the treatment took too much time from other activities and from friends. Her whole manner changed—she was rough and tough and unfriendly.

But when I discussed the financial situation with her, explaining that her mother had visited me and that the continuation of her treatment was secure, on the spur of the moment the child changed her behavior: the moment she was sure she would not be dismissed, she no longer needed to defend herself against her fear of loss of love. She no longer needed to identify with the strong rebuking person, in order to hurt in stead of being hurt. She immediately became very happy and friendly—so friendly that with her usual impulsiveness, she threw her arms about my neck and kissed me.

This entire change occurred almost instantaneously. A moment before, one could not have believed that any prolongation of the boring treatment could give her any joy whatsoever. Thus she exposed clearly what function her rough behavior had played. The identification with the imagined hostile, rejecting analyst, had been made as a safeguard against the disappointment of being rejected.

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The following episode in the analysis of a nine-year-old girl brought to light another defense mechanism, the mechanism of denial. The girl had a younger brother who did especially well at school. Knowing that she came to me for help, the brother uttered the wish to see me also, for help in his emotional problem. My little patient favored his coming very much, and arranged the appointment with me. I discussed with her beforehand the possibility that his visit might arouse her jealousy, and make trouble for her, but she denied this absolutely. It was quite all right with her—she even wanted him to come.

A short time after his visit, the little girl suggested, during her session, that I change the furniture in my room. She became more and more dissatisfied with the arrangement. Then she proceeded to idealize my former office, which, objectively, had been much less convenient. She had, in fact, been in the former office only a few times, in the beginning of her analysis.

At first I was struck by the sudden intensity of her feelings against the placement of my furniture; it seemed to have no basis in reality. Then it occurred to me that her behavior must have to do with her feelings towards her little brother, who had never been in the old office, but who had, just a few days before, been in this one.

After this connection was disclosed to her, her dissatisfaction with the present office disappeared at once, and the furniture was left in peace. Although she had clung consciously to the fact that she was in favor of her brother's visit to me, she now had had to change the surroundings of that visit. This was a repetition of her home life in the transference situation. She could not do away with her brother, but she could wish away the surroundings he had intruded into, and so reestablish the ideal previous home in which he had not been present. In this way, she denied his existence.

I should like to add a few words about the analysis of pre-adolescent and adolescent children. The behavior of adolescents carries vestiges of childhood at the same time that it brings signs of adulthood. Analytic technique must adapt itself to these conditions by combining the methods of child and adult analysis.

The average child in puberty, although materially dependent on his parents, goes about his daily living independently. The importance of the cooperation of the parents is therefore comparatively small. Nevertheless we find in practical experience that many

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adolescent patients are sent to analysis by the parents, and are themselves unfavorably inclined to accept it. Like the younger child, they resent the fact that they have been "forced into it." What impresses the parent as a deep psychological disturbance is often experienced by the child in puberty as a conflict with the outside world alone. The child is prone to blame his difficulties not on himself, but on his parents.

The antagonism so much in evidence against parents at this age is manifested in analysis even before transference develops. The first phase of the contact between the analyst and the adolescent is dedicated to helping him realize that his difficulties are internal ones, and to developing in him a voluntary wish for analysis—thus transferring the enforced contact with the analyst into a desired contact.

With all adolescents there is, on the whole, much more verbalization and much less play activity than there is in the treatment of the child in latency. Some even accept fully the basic rule of analysis, to express every thought, and not consciously to keep secrets. Others behave just like the smaller children previously described; and such variations of behavior may even occur within the individual child, who may behave "older" or "younger" according to internal needs of the moment.

The period of puberty is generally not favorable for the beginning of an analytic treatment. The onset of the various libidinal drives creates, as it were, a crisis situation with little stability. It is better to try to influence the child's emotional balance by analysis during a more static phase of life than at a time when he is physically and emotionally in a state of flux. Analysis in puberty is only indicated either in cases where the symptoms have lasted a long time before puberty, and should have been attended to previously; or where puberty creates severe disturbances, either in limiting the functions of personality, or in allowing too free indulgence in instinctual gratifications. In extreme cases both the latter solutions tend to endanger the future personality development.

THE EARLY DEVELOPMENT OF CONSCIENCE IN THE CHILD

ONE of the most important contributions of psychoanalytic research has been the discovery of the mental processes which underlie the development of conscience in the individual. In his work of bringing to light unconscious instinctual tendencies, Freud has also recognized the existence of those forces which serve as a defence against them. According to his findings, which psychoanalytic practice has borne out in every instance, the person's conscience is a precipitate or representative of his early relations to his parents. He has in some sense internalized his parents—has taken them into himself. There they become a differentiated part of his ego—his super-ego—and an agency which advances against the rest of his ego certain requirements, reproaches, and admonitions, and which stands in opposition to his instinctual impulses.

Freud has since shown that the operation of this super-ego is not limited to the conscious mind, is not only what is meant by conscience, but also exerts an unconscious and often very oppressive influence which is an important factor both in mental illness and in the development of normal personality. This new discovery has brought the study of the super-ego and its origins more and more into the focus of psychoanalytic investigation.

In the course of my analysis of small children, as I began to get a direct knowledge of the foundations upon which their super-ego was built, I came upon certain facts which seemed to allow of an enlargement in some directions of Freud's theory on this subject. There could be no doubt that a super-ego had been in full operation for some time in my small patients of between two and three quarters and four years of age, whereas according to the accepted view the super-ego did not begin to be activated until the Oedipus complex had died down—i.e. until about the fifth year of life. Furthermore, my data showed that this early super-ego was immeasurably harsher and more cruel than that of the older child or adult, and that it literally crushed down the feeble ego of the small child.

In the adult, it is true, we find a super-ego at work which is a great deal more severe than the subject's parents were in reality, and

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which is in other ways by no means identical with them.¹ Nevertheless it approximates to them more or less. But in the small child we come across a super-ego of the most incredible and fantastic character. And the younger the child is, or the deeper the mental level we penetrate to, the more this is the case. We get to look upon the child's fear of being devoured, or cut up, or torn to pieces, or its terror of being surrounded and pursued by menacing figures, as a regular component of its mental life; and we know that the man-eating wolf, the fire-spewing dragon, and all the evil monsters out of myths and fairy-stories flourish and exert their unconscious influence in the fantasy of each individual child, and it feels itself persecuted and threatened by those evil shapes. But I think we can know more than this. I have no doubt from my own analytic observations that the identities behind those imaginary, terrifying figures are the child's own parents, and that those dreadful shapes in some way or other reflect the features of its father and mother, however distorted and fantastic the resemblance may be.

If we accept these facts of early analytic observation and recognize that the things the child fears are these internalized wild beasts and monsters which it equates with its parents, we are led to the following conclusions: (1) The super-ego of the child does not coincide with the picture presented by its real parents, but is created out of imaginary pictures or *imagos* of them which it has taken up into itself; (2) Its fear of real objects—its phobic anxiety—is based upon its fear both of its unrealistic super-ego and of objects which are real in themselves, but which it views in a fantastic light under the influence of its super-ego.

This brings us to the problem which seems to me to be the central one in the whole question of super-ego formation. How does it come about that the child creates such a fantastic image of its parents—an image that is so far removed from reality? The answer is to be found in the facts elicited in early analysis. In penetrating to the deepest layers of the child's mind and discovering those enormous quantities of anxiety—those fears of imaginary objects and those terrors of being attacked in all sorts of ways—we also lay bare a corresponding amount of repressed impulses of aggression, and can observe the causal connexion which exists between the child's fears and its aggressive tendencies.

In his book, *Beyond the Pleasure-Principle*, Freud put forward a

¹ In *Symposium on Child Analysis*, similar views, based on adult analysis and seen from somewhat different angles, were put forward by Ernest Jones, Mrs. Rivière, Edward Glover, and Miss Searl. Miss Searl has also had her view confirmed by her experiences of child-analysis.

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theory according to which at the outset of the life of the human organism the instinct of aggression, or death-instinct, is being opposed and bound down by the libido, or life-instinct—the eros. A fusion of the two instincts ensues, and gives rise to sadism. In order to escape from being destroyed by its own death-instinct, the organism employs its narcissistic, or self-regarding, libido to force the former outward, and direct it against its objects. Freud considers this process as fundamental for the person's sadistic relations to his objects. I should say, moreover, that parallel with this deflection of the death-instinct outward against objects, an intra-psychic reaction of defence goes on against that part of the instinct which could not be thus externalized. For the danger of being destroyed by this instinct of aggression sets up, I think, an excessive tension in the ego, which is felt by it as an anxiety,¹ so that it is faced at the very beginning of its development with the task of mobilizing libido against its death-instinct. It can, however, only imperfectly fulfil this task, since, owing to the fusion of the two instincts, it can no longer, as we know, effect a separation between them. A division takes place in the id, or instinctual levels of the psyche, by which one part of the instinctual impulses is directed against the other.

This apparently earliest measure of defence on the part of the ego constitutes, I think, the foundation-stone of the development of the super-ego, whose excessive violence in this early stage would thus be accounted for by the fact that it is an off-shoot of very intense destructive instincts, and contains, along with a certain proportion of libidinal impulses, very large quantities of aggressive ones.²

This view of the matter makes it also less puzzling to understand why the child should form such monstrous and fantastic images of his parents. For he perceives his anxiety arising from his aggressive instincts as fear of an external object, both because he has made that object their outward goal, and because he has projected them on to it so that they seem to be initiated against himself from that quarter.³

¹ This tension is, it is true, felt as a libidinal tension as well, since the destructive and libidinal instincts are fused together; but its effect of causing anxiety is referable, in my opinion, to the destructive components in it.

² In his *Civilization and Its Discontents* Freud says: . . . "that the original severity of the super-ego does not—or not so much—represent the severity which has been experienced or anticipated from the object, but expresses the child's own aggressiveness towards the latter."

³ The infant has, incidentally, some real grounds for fearing its mother, since it becomes growingly aware that she has the power to grant or withhold the gratification of its needs.

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He thus displaces the source of his anxiety outwards and turns his objects into dangerous ones; but, ultimately, that danger belongs to his own aggressive instincts. For this reason his fear of his objects will always be proportionate to the degree of his own sadistic impulses.

It is not, however, simply a question of converting a given amount of sadism into a corresponding amount of anxiety. The relation is one of content as well. The child's fear of its object and the imaginary attacks it will suffer from it adhere in every detail to the particular aggressive impulses and fantasies which it harbours against its environment. In this way each child develops parental *imagos* that are peculiar to itself; though in every case they will be of an unreal and terrifying character.

According to my observations, the formation of the super-ego begins at the same time as the child makes its earliest oral introjection of its objects.¹ Since the first *imagos* it thus forms are endowed with all the attributes of the intense sadism belonging to this stage of its development, and since they will once more be projected on to objects of the outer world, the small child becomes dominated by the fear of suffering unimaginable cruel attacks, both from its real objects and from its super-ego. Its anxiety will serve to increase its own sadistic impulses by urging it to destroy those hostile objects so as to escape their onslaughts. The vicious circle that is thus set up, in which the child's anxiety impels it to destroy its object, results in an increase of its own anxiety, and this once again urges it on against its object, and constitutes a psychological mechanism which, in my view, is at the bottom of asocial and criminal tendencies in the individual. Thus, we must assume that it is the excessive severity and overpowering cruelty of the super-ego, not the weakness or want of it, as is usually supposed, which is responsible for the behaviour of asocial and criminal persons.

In a somewhat later stage of development, fear of the super-ego will cause the ego to turn away from the anxiety-arousing object. This defensive mechanism can lead to a defective or impaired object-relation on the part of the child.

As we know, when the genital stage sets in, the child's sadistic

¹ This view is also based on my belief that the child's Oedipus tendencies, too, begin much earlier than has hitherto been thought, i.e. while it is still in the suckling stage, long before its genital impulses have become paramount. In my opinion the child incorporates its Oedipus objects during the oral-sadistic stage, and it is at this time, in close connexion with its earliest Oedipus impulses, that its super-ego begins to develop.

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instincts have normally been overcome, and its relationship to objects has acquired a positive character. In my view such an advance in its development accompanies and interacts with alterations in the nature of its super-ego. For the more the child's sadism is lessened, the more the influence of its unreal and frightening *imagos* recedes into the background, since they are the off-shoots of its own aggressive tendencies. And as its genital impulses grow in strength there emerge beneficent and helpful *imagos*, based upon its fixations, in the oral-sucking stage, on its generous and kindly mother, which approximate more closely to the real objects; and its super-ego, from being a threatening, despotic force issuing senseless and self-contradictory commands which the ego is totally unable to satisfy, begins to exert a milder and more persuasive rule and to make requirements which are capable of being fulfilled. In fact, it gradually becomes transformed into conscience in the true sense of the word.

As the character of the super-ego varies, moreover, so will its effect upon the ego and the defensive mechanism it sets in motion there. We know from Freud that pity is a reaction to cruelty. But reactions of this kind do not set in until the child has attained some degree of positive object-relationship—until, in other words, its genital organization has come to the front. If we place this fact side by side with the facts concerning the formation of the super-ego, as I see them, we shall be able to come to the following conclusions: so long as the function of the super-ego is mainly to arouse anxiety it will call out those violent defensive mechanisms in the ego which we have described above, and which are unethical and asocial in their nature. But as soon as the child's sadism is diminished and the character and function of its super-ego changed so that it arouses less anxiety and more sense of guilt, those defensive mechanisms which form the basis of a moral and ethical attitude are activated, and the child begins to have consideration for its objects, and to be amenable to social feeling.¹

Numerous analyses of children of all ages have borne out this view. In play-analysis we are able to follow the course of our patients' fantasies as represented in their games and play, and to establish a connexion between those fantasies and their anxiety. As we proceed to analyse the content of their anxiety, we see the

¹ In analysing adults it was for the most part only these later functions and attributes of the super-ego that came under notice. Analysts were therefore inclined to regard them as constituting its specific character; and, indeed, only recognized the super-ego as such in so far as it appeared in this character.

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aggressive tendencies and fantasies which give rise to it come forward more and more, and grow to huge proportions, both in amount and intensity. The ego of the small child is in danger of being overwhelmed by their elemental force and enormous extent, and is engaged in a perpetual struggle to maintain itself against them with the help of its libidinal impulses, either by holding them under, or calming them down, or rendering them innocuous.

This picture exemplifies Freud's thesis of the life-instincts (eros) at war with the death-instincts, or instincts of aggression. But we also recognize that there is the closest union and interaction between those two forces at every point, so that analysis can only succeed in tracing the child's aggressive fantasies in all their details, and thus diminishing their effect, in so far as it can follow up the libidinal ones and uncover their earliest sources as well—and vice versa.

Concerning the actual content and aims of those fantasies, we know from Freud and Abraham that in the earliest, pre-genital stages of libidinal organization, in which this fusion of libido and destructive instinct takes place, the sadistic impulses of the child are paramount. As the analysis of every grown-up person demonstrates, in the oral-sadistic stage which follows upon the oral-sucking one, the small child goes through a cannibalistic phase with which are associated a wealth of cannibalistic fantasies. These fantasies, although they are still centred round eating up the mother's breast or her whole person, are not solely concerned with the gratification of a primitive desire for nourishment. They also serve to gratify the child's destructive impulses. The sadistic phase which succeeds to this—the anal-sadistic phase—is characterized by a dominating interest in excretory processes—in faeces and the anus; and this interest too, is closely allied to extremely strong destructive tendencies.¹

We know that the ejection of faeces symbolizes a forcible ejection of the incorporated object and is accompanied with feelings of hostility and cruelty, and with destructive desires of various kinds, the buttocks receiving importance as an object of those activities. In my opinion, however, the anal-sadistic tendencies contain more profound and deeply repressed aims and objects still. The data I have been able to collect from early analyses show that between the oral-sadistic and anal-sadistic tendencies there is inserted a stage

¹ Besides Freud, Jones, Abraham, and Ferenczi have been the chief contributors to our knowledge of the influence this alliance has exerted upon character-formation and neurosis in the individual.

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in which urethral-sadistic tendencies make themselves felt, and that the anal and urethral tendencies are a direct continuation of the oral-sadistic ones as regards the specific aim and object of attack. In its oral-sadistic fantasies the child attacks its mother's breast, and the means it employs are its teeth and jaws. In its urethral and anal fantasies it seeks to destroy the inside of the mother's body, and uses its urine and faeces for this purpose. In this second group of fantasies the excrements are regarded as burning and corroding substances, wild animals, weapons of all kinds, etc.; and the child enters a phase in which it directs every instrument of its sadism to the one purpose of destroying its mother's body and what is contained in it.

As regards choice of object, the child's oral-sadistic impulses are still the underlying factor, so that it thinks of sucking out and eating up the inside of its mother's body as though it were a breast. But those impulses receive an extension from the child's first sexual theories, which it develops during this phase. We already knew that when its genital instincts awakened it began to have unconscious theories about copulation between its parents, birth of children, etc. But early analysis has shown that it develops such theories much earlier than this, at a time when its pre-genital impulses still mainly determine their character, though its as yet concealed genital impulses have some say in the matter. These theories are to the effect that in copulation the mother is continually incorporating the father's penis via the mouth, so that her body is filled with a great many penises and babies. All these the child desires to eat up and destroy.

In attacking its mother's inside, therefore, the child is attacking a great number of objects, and is embarking on a course which is fraught with consequences. The womb first stands for the world; and the child originally approaches this world with desires to attack and destroy it, and is therefore prepared from the outset to view the real, external world as more or less hostile to itself, and peopled with objects ready to make attacks upon it.¹ Its belief that in thus attacking its mother's body it has also attacked its father and its brothers and sisters, and, in a wider sense, the whole world, is, in my experience, one of the underlying causes of its sense of guilt, and of the development of its social and moral feel-

¹ An excessive strength of such early anxiety-situations is, in my opinion, a fundamental factor in the production of psychotic disorders.

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ings in general.¹ For when the excessive severity of the super-ego has become somewhat lessened, its visitations upon the ego on account of those imaginary attacks induce feelings of guilt which arouse strong tendencies in the child to make good the imaginary damage it has done to its objects. And now the individual content and details of its destructive fantasies help to determine the development of its sublimations, which indirectly subserve its restitutive tendencies,² or to produce even more direct desires to help others people.

Play-analyses show that when the child's aggressive instincts are at their height it never tires of tearing and cutting up, breaking, wetting, and burning all sorts of things like paper, matches, boxes, small toys, all of which represent its parents and brothers and sisters, and its mother's body and breasts, and that this rage for destruction alternates with attacks of anxiety and a sense of guilt. But when, in the course of analysis, anxiety slowly diminishes, its constructive tendencies begin to come to the fore.³ For instance, where before a small boy has done nothing but chop bits of wood to pieces, he will now begin to try and make those bits of wood into a pencil. He will take pieces of lead got from pencils he has cut up, and put them in a crack in the wood, and then sew a piece of stuff round the rough wood to make it look nicer. That this home-made pencil represents his father's penis, which he has destroyed in fantasy, and his own, whose destruction he dreads as a measure of retaliation, is evident, furthermore, from the general context of the material he presents, and from the associations he gives to it.

When, in the course of its analysis, the child begins to show stronger constructive tendencies in all sorts of ways in its play and its sublimations—painting or writing or drawing things instead of smearing everything with ashes, or sewing and designing where it used to cut up or tear to pieces—it also exhibits changes in its relation to its father or mother, or to its brothers and sisters; and

¹ Owing to the child's belief in the omnipotence of thoughts (cf. Freud, *Totem and Tabu*; Ferenczi, *Development of the Sense of Reality*)—a belief dating from an earlier stage of development—it confuses its imaginary attacks with real ones; and the consequences of this can still be seen at work in adult life.

² In my article, "Infantile Anxiety Situations Reflected in a Work of Art and in the Creative Instinct," I have maintained that the person's sense of guilt and desire to restore the damaged object are a universal and fundamental factor in the development of his sublimations. Miss Sharpe in her paper, "Certain Aspects of Sublimation and Delusion," has come to the same conclusions.

³ In analysis the resolution of anxiety is effected gradually and evenly, so that both it and the aggressive instincts are set free in duly apportioned quantities.

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these changes mark the beginning of an improved object-relationship in general, and a growth of social feeling. What channels of sublimation will become open to the child, how powerful will be its impulsions to make restitution, and what forms they will assume—these things are determined not only by the extent of its primary aggressive tendencies, but by the interplay of a number of other factors which we have no room to discuss in these pages. But our knowledge of child-analysis allows us to say this much, that analysis of the deepest layers of the super-ego invariably leads to a considerable betterment in the child's object-relationship, its capacity for sublimation, and its powers of social adaptation—that it makes the child not only happier and healthier in itself, but more capable of social and ethical feeling.

This brings us to the consideration of a very obvious objection that may be raised against child-analysis. It might be asked, would not too great a reduction of the severity of the super-ego—a reduction below a certain favourable level—have an opposite result and lead to the abolition of social and ethical sentiments in the child? The answer to this is, in the first place, that so great a diminution has never, as far as I know, happened in fact; and, in the second place, that there are theoretical reasons for believing that it never can happen. As far as actual experience goes, we know that in analysing the pre-genital libidinal fixations we can only succeed in converting a certain amount of the libidinal quantities involved into genital libido, even in favourable circumstances, and that the remainder, and no unimportant remainder, continues to be operative as pre-genital libido and sadism; although, since the genital level has now more firmly established its supremacy, it can be better dealt with by the ego, either by receiving satisfaction, or by being kept down, or by undergoing modification or sublimation. In the same way analysis can never entirely do away with the sadistic nucleus of the super-ego, which has been formed under the primacy of the pre-genital levels; but it can mitigate it by increasing the strength of the genital level, so that the now more powerful ego can deal with its super-ego, as it does with its instinctual impulses, in a manner that shall be more satisfactory both for the individual himself and for the world about him.

So far we have been concerned to establish the fact that the social and moral feelings of the person develop from a super-ego of a milder type, governed by the genital level. Now we must consider the inferences that follow from this. The deeper analysis penetrates into the lower levels of the child's mind, the more will it

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succeed in mitigating the severity of the super-ego, by lessening the operation of its sadistic constituents that arise from the earliest stages of development. In doing this, analysis prepares the way not only for the achievement of social adaptability in the child, but for the development of moral and ethical standards in the adult; for a development of this kind depends upon both super-ego and sexuality having satisfactorily attained to a genital level at the close of the expansion of the child's sexual life,¹ so that the super-ego shall have developed the character and function from which the person's sense of guilt in so far as it is socially valuable—i.e. his conscience—is derived.

Experience has already for some time shown that psychoanalysis, though originally devised by Freud as a method of curing mental disease, accomplishes a second purpose as well. It puts right disturbances of character-formation, especially in children and adolescents, where it is able to effect very considerable alterations. Indeed, we may say that after it has been analysed every child exhibits radical changes of character; nor can we avoid the conviction, based on observation of fact, that character-analysis is no less important than analysis of neuroses as a therapeutic measure.

In view of these facts, one cannot help wondering whether psychoanalysis is not destined to go beyond the single individual in its range of operation and influence the life of mankind as a whole. The repeated attempts that have been made to improve humanity—in particular to make it more peaceable—have failed, because nobody has understood the full depth and vigour of the instincts of aggression innate in each individual. Such efforts do not seek to do more than encourage the positive, well-wishing impulses of the person while denying or suppressing his aggressive ones. And so they have been doomed to failure from the beginning. But psychoanalysis has different means at its disposal for a task of this kind. It cannot, it is true, altogether do away with man's aggressive instinct as such; but it can, by diminishing the anxiety which accentuates those instincts, break up the mutual reinforcement that is going on all the time between his hatred and his fear. When, in our analytic work, we are always seeing how the resolution of early infantile anxiety not only lessens and modifies the child's aggressive impulses, but leads to a more valuable employment and gratification of them from a social point of view; how the child shows an ever-growing, deeply-rooted desire to be

¹ That is, when the latency-period sets in—approximately between the ages of five and six.

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Sometimes it becomes slightly tinged with sex. The new psychological discoveries of psychoanalysis make it worth while to consider the effect of these parent-child attitudes and what they offer in the way of suggestion for the prevention of familial difficulties and how these might be avoided by timely educational direction.

From the primary instinctive demands of hunger and sex, acts occur which in the earliest stages of experience are almost identical with instinctive urges or wishes. As soon as the child with its increasing intelligence associates a physical perception with a desired objective, such as seeing and wanting food, the first evidences of will appear. At this period of life wishes always seek to express themselves precipitately in acts. From the moment of birth the child makes known his wishes through acts, such as protesting against restriction, grasping, struggling, etc. He shows a will of his own in the very strictest sense. He opposes violently whatever tends to restrict the freedom of his little body. From his own point of view he is omnipotent and may live in relative bliss for a year or two before the outer world forces upon him a realization of his relative unimportance. Some people never completely rid themselves of this child-god state and throughout life continue to demand special privileges on shallow grounds.

Almost from birth outbursts of anger and defiance appear and create pedagogical problems for the first time. Obviously it is no easy matter for either father or mother to achieve a desirable balance between undue strictness and over-indulgence, not only during babyhood and childhood but during adolescence as well. Children seem to vary widely in their demands, both in their need for love and in their protest against control. It is also certain that parents who are disgruntled with their own adjustment in love distribution may reapportion the love forces in either excessive indulgence or convert it into unwarranted severity toward the offspring. Particularly the mother who is herself still emotionally dependent on her own parents, is apt to bind her children to her more closely. Their nearness reassures her against her own feeling of weakness as a wife and sometimes may act as an overcompensation against her unconscious feeling of hostility toward the children themselves.

The child begins early to distinguish those persons intimately concerned with his care from other people. Such recognition finds expression in the smile of the child on seeing his mother's face or his joyful cry upon hearing her voice in an adjoining room. It is likely that the tender component of love at least parallels the sensuous in its development. It is founded on the instinct for

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self-preservation (hunger) and is first directed toward the protecting mother and later the personnel in the child's household.

Anna Freud and Dorothy Burlingham in the Nursery for War Children at Hampstead, England, have repeatedly observed the serious consequences the separation of the young child from the mother has upon the child's development.¹ This can in some measure be substituted in a nursery where the functions of physical care can be taken over by women. The father role, usually recognized in the family as the power behind the mother, is more difficult to replace in the artificial nursery substitute for the home. Freud and Burlingham point out that it is the father's function "to impersonate for the growing infant the restrictive demands inherent in the code of every civilized society." Of course if the opposition to and of the father is not tempered by love, it may lead to dissocial and delinquent development.

The need for the father's influence is one of the main reasons which makes foster parents preferable to institutional care for most children when it is necessary to take them from their homes. Cottage mothers and devoted women teachers can be obtained for institutions but it is difficult to find suitable men who are adapted to act as father substitutes in child-caring institutions. Increased attention will be given to this particular phase of parent-child relationship for the next decades because of the many anomalous situations which must arise as a result of social disturbances and particularly of the death of fathers during the present war.

A considerable degree of love and tenderness from his custodian seems absolutely necessary for the full happiness and emotional development of most children; but the amount beneficial to the individual child cannot be even roughly gauged. By the method of trial and result parents are able eventually to determine the degree of affection required for the well-being of the child and then they proceed in an intuitive way to give the degree of attention needed by their children. Occasionally this distribution of affection is determined only by the satisfaction it gives the parents without any regard for the subjective reaction of the child. These reactions of children are often not easy to determine and a child's silence may cover deep wounds and feelings of being misunderstood.

The child who comes as an unwelcome addition to a family, as for example to a mother already overburdened with the care of her children, may become the victim of discrimination on the part

¹ A. Freud and D. Burlingham: *Young Children in Wartime* (London: George Allen & Unwin Ltd., 1944)

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of the parent (e.g. be compelled to wear the cast-off clothes or play with the battered toys of an older sibling) and receive more than his share of punishment. The unloved child becomes keenly conscious of such lacks and an absence of love in childhood is likely to be felt throughout life, affecting conduct in simple as well as more important details. In later years unconsciously reacting to his infantile lack of love and care, the child may become embittered, discontented and resentful of the world at large because of early deprivations and may have great difficulty in adjustment to adult demands and social exigencies. He may even unconsciously continue to conduct himself in a childish manner in the hope of gaining a delayed bestowal of the love he has always missed.

On the other hand, unlimited and unwholesome leniency is the rule toward the first born, especially if he remains the only child, whose every wish is granted and who may early become the tyrant of the family. Either overindulgence or undue strictness distorts the child's concept of his true position both in his family and in the outside world. Perhaps we may say that if there is a choice between the two, indifference to a child seems less conducive to severe pathological emotional abnormality in later life than either inordinate coddling or the open display of dislike and discrimination by the child's custodians.

The following instance of a mother-son attachment is an extreme picture showing a situation which may ensue when the mother's own dissatisfaction with her marriage distorts her own relationship with both her husband and her son:

The patient, aged twenty-seven, was suffering very severely from physical symptoms such as palpitation, choking sensation in the throat, etc. She related that her three year old son would pinch and hit her when her husband kissed her in his presence but would also strike her whenever her husband raised his voice to her or when anyone would cry in her presence. His teeth were well developed by the time he was a year and a half old and at that age whenever her husband paid her attention the little child would bite his mother either on the arms or legs until she was black and blue. This in turn would incense the father against the boy.

The previous history of the patient reveals some of the factors which may account for the unusual attitude of the boy. She had been the favorite daughter of an autocratic father. Although he was firm and even severe with his wife and other members of the family, she had been able to coax from him almost anything she desired. She had married at the age of nineteen a debonair, young,

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unaccomplished, physically huge man. She had been very much in love with her husband up to the marriage night when relations with him were repugnant to her because of his lack of consideration. Then she thought that her husband had changed miraculously overnight from a deferential and admirable person to a coarse, vulgar individual with whom she was ashamed to appear in public. On the honeymoon trip to Florida a sensation of choking and nausea developed, diagnosed by a local laryngologist as "bride's cough." Marked depression followed her marriage and after several altercations and attempts at reconciliation, the young people agreed to divorce after one year. The patient remained unmarried only six months when she wed a mild-tempered, somewhat older, successful man. Although she had been well during the period between her divorce and second wedding, the trouble with her breathing reappeared almost immediately after the second ceremony.

The child mentioned above was born about a year after the second marriage. During her pregnancy the patient suffered continuously from choking and nausea and remained in bed for nearly two years after the birth of her child although no physical disease existed. She seemed to improve for a short time after these two years of rest but then physical and also mental symptoms in the form of compulsive thinking returned. It was apparent that the patient still entertained considerable affection for her rough first husband and probably resented for unconscious reasons the mildness of the second. The latter lacked the characteristics of firmness and force she so admired in her father. The disappointment in her second marriage evidently found compensation in an extraordinary attachment to her baby boy when the latter became old enough to be actively affectionate at the age of two. At that time the patient ceased to be bedridden.

The patient's words, uttered with slight variations during several interviews, are as follows (the name of her son, now aged three and one half years, is John): "John makes love divinely. He kisses your eyes and nose. He has a technique of his own. He is the most affectionate thing possible. He is always looking out to see that I am all right.

"John is jealous when my husband kisses me. One day when my husband kissed me, John ran over and kissed me violently and said, 'Mummy, put daddy in the closet.' Johnnie is mine but my husband is a total stranger to me. This was so with Tom, my first

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husband, who disgusted me, and even with Henry, my second, who doesn't. But Johnnie is mine."

The analysis of the child's attack on the mother whenever the husband raises his voice to her ("then Johnnie comes over and beats me, or, if anyone threatens me, he beats me") probably rests on this basis: The boy has received an overmeasure of affection from his mother. He cannot tolerate any rival. He has already associated from his own experience that a loud voice and tone of anger indicates an occasion for punishment. He has also come to realize that when someone raises his voice in the presence of his mother, the presumption is that the mother has done something wrong. The mother, therefore, is in a situation where punishment is permissible and justifiable. He uses the opportunity to make her suffer for not loving him exclusively and wishes to make sure by his punishment that she will obey his wishes—i.e. give him undivided affection on other occasions.

When a situation of this kind comes to pass, a reciprocal involvement of the other party, in this case the mother, can always be assumed. Much of the naughtiness of children continues because it is supported and even instigated by one parent in an unconscious attempt to gain the child's affection through sympathy when it is reprimanded. Occasionally, too, the one parent may wish to annoy the other through stimulating the child's resistances. In the case just related, the wife, disappointed in her marriage because of her own maladjustment, tolerated, almost encouraged, the little boy's attacks (reminiscent of her first husband's attitude). She related them with a fond laugh and in an affectionate tone and would have preferred to regard them as mischievous pranks had not the bruises given by the child often been painful and disfiguring, and had he not bitten her in the leg (through her clothing) with sufficient force to draw blood.

The episodes must have unconsciously fulfilled some pleasurable need for the mother or she would not have permitted them to persist. In fact, this infatuated mother unconsciously invited her husband to follow the example of his own son and conduct himself more forcefully and aggressively with her if he wished to be loved as affectionately as the boy. Furthermore, in her love of the son who "is her's and not a stranger," she pays homage to herself as she unconsciously wished to be—namely, to the ideal of herself as a dominant male like her father. Perhaps her love of her son in this instance is more a self-love than an object love.

On the other hand, because she considers herself culpable in

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both the role of the aggressive male and the unloving wife, the beatings of the child tend to appease her unconscious sense of guilt. Still being in close sympathy with her own autocratic father, she had proven entirely inadequate in the attempt to achieve her rôle as wife with either her first or her second husband and the child has only tended to emphasize this deficiency. Thus this abnormal child-parent relationship which manifested itself in selfish over-indulgence in this case was essentially dependent upon the inability of the wife to adjust to an adult relationship to her husband. This in turn was due to the persistence of her own excessive attachment to her father.

Just as the advent of the first child entails a new psychological situation between the parents, so each additional child coming into the family introduces a changed psychological as well as a physical situation in the family circle. It is doubtful whether it is within the power of either of the parents to feel precisely the same to any two of their children. Parents are often convinced that this is not so and believe that they have accorded each child the same amount of love, interest and attention. They protest that they have been impartial and have scrupulously conferred the same benefits and privileges upon each child. Such a course is possible only to a limited degree, notwithstanding the most sincere intention on the part of the parent. Sometimes a parent who is under the compunction of taking care to maintain impartiality does so because he is unconsciously partial. Because of such unconscious bias, in subtle ways and more frequently than he suspects, a parent will unconsciously reveal his true inclination to favoritism. This creeps out in spite of all his precautions and at times when he is entirely unaware of it.

It is easily demonstrable that no two siblings are ever brought up in even approximately the same environment, even if the siblings have lived in the same house all their lives, if only ten months separate their ages, if their sexes be the same, if external conditions in the household have changed to a minimal degree. The familial environment of siblings is never, cannot ever, be the same. This is due to the emotional interaction of the siblings on each other which creates an everchanging situation in their own and in the family life.

In nursery days the salient factor in the environment is a human one and this consists of the nursery personnel. Even more important than the personnel are the situations which siblings create among each other and their reactions to them. Whether the

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nursery be the kitchen floor of a three-room tenement or an elaborately equipped kindergarten room is of secondary moment. The very presence of each new sibling, irrespective of age or sex, creates an entirely new and determining environment.

In pathological instances we find that one sibling, usually the weaker, often comes to centre his interest so intently upon another that the relationship may assume an all-absorbing interest in his life. Similarly, a violent jealousy of a younger sibling on the part of an older, or vice versa, may engage a large proportion of his thoughts, energy and plans. Combinations of two weaker siblings against a strong one may progress to a virtual feud; two female siblings may form an alliance to counterbalance their feeling of inferiority toward a male sibling. An unconscious juvenile replica of the marriage relationship may occur between siblings of the opposite sex and may act as a compact which excludes a third sibling, etc. The sexual and other episodes occurring early in life between siblings exert a profound influence in determining adult attachments and attitudes.

In most instances children are much more inclined to believe information concerning forbidden topics from their peers or from slightly older siblings than from their parents or even older persons. This seems to depend not only upon the childlike form of the presentation of a fact, but upon the intimacy and immediate identification of the child with the informant. This attitude among children is often strikingly apparent in matters of sex instruction. Children are often partially informed by other children with entirely inaccurate but to them satisfactory explanations of birth and procreation long before it dawns upon the parents that the youngster is interested in the problem. One of the reasons for children's implicit faith in actually erroneous theories is that they appear very much more plausible to the child's mind than the truth later offered by the adult whose word, in such matters, many children have had good reason to mistrust on previous occasions. The child may present a disputed question to his parents as a court of last appeal, but may secretly reject the verdict if it does not conform with his own preconceptions of probability.

The vexing question as to when parents should take a hand in sex education is usually indicated by the child through some pointed allusion to sex subjects or through some overt sexual act. It is best to leave the topic untouched until such a time, although the child's first questions are the result of considerable silent ponderings or conclusions reached from bits of information gleaned

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from other children, persons other than the parents (servants), or from the actual observation of animals or, occasionally, humans. Where the training of the child has not been too repressive, sexual curiosity is expressed freely and early. In children raised in an atmosphere of inhibition, curiosity may not be openly expressed but secretly indicated by looks, guarded questions, etc. Up to the point where the child spontaneously manifests interest in sexual matters, he is usually not ready to comprehend information which would presumably forestall the so-called sexual shocks of childhood which often involve relations between parents.

The little inevitable household episodes, including contact with the parents while the latter are more or less nude, and an appreciation of the difference in the excretory habits of the father and mother, and of the brothers and sisters, cannot be avoided. Sexuality may become a pedagogic problem when a child is two or three. Sometimes elders will try to console a little girl with the explanation that she, too, will have an organ like her brothers when she grows older, that the difference is of little importance or value, etc. Attempts to conceal or deny the anatomical differences of sex which the little one already suspects or has perceived merely tend to intensify the mystery.

With both little boys and girls it is impossible to prevent the child from participating in sexual incidents at times; perhaps it is better for his development that he should encounter them. When sex-tinged situations do attract the child's attention, they should be faced openly as natural events and met without embarrassment by the elders. Many parents, however, have their own inhibitions reactivated on such occasions and find themselves embarrassed and inarticulate as Eugene O'Neil has so vividly portrayed in "Ah, Wilderness," when a middle-aged father attempts to enlighten his 18 year old son.

Some parents may studiously strive to weaken inhibitory barriers by appearing freely nude before their children. Some pedagogues advocate this. One cannot ignore the possibility that such free exposure on the part of the parents may cause a premature stimulation of sexual interest in the child. I have known of no case where such "advanced" parents have carried the practice of exposure to its ultimate limit of intentionally permitting their children to observe coitus. However, in our environment appearing nude differs so radically from general custom that it impresses the child as something anomalous. Such deviations from the usual household customs often represent an over-compensation on the

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part of the parent for an unconscious excessive modesty and as an over-compensation may be invested with a moral over-valuation.

If sex education is to begin in the early years, the first essential for satisfactory instruction would be to endow the child with wise parents. We are still very far from the likelihood that this ideal will be universal. Probably it will never be attained either through legislation or the development of an ethical code of submitting to expert opinion concerning one's competence before entering marriage. Without desiring to be pessimistic we must mention a disheartening but very real vicious circle which exists. The circle is the following: the child is dependent upon its parents for early sex education; the parents' conception of sex matters is unconsciously retained relatively intact from their own childhood and usually is not fundamentally changed twenty or thirty years later, when the offspring arrive. Sometimes parents, in an unconscious revenge-reaction for injustices meted out to them in their own childhood, impose upon their children the same irksome prohibitions and the same sexual admonitions which they themselves so resented and despised as youngsters. While the form of the punishment may not be the same, the manner of its administration (tone of voice, gesture, facial expression) is only too frequently identical with that of the parents' own parents and carries the same implications to the new generation. All this is quite unconscious to the parent, who is surprised, chagrined and even resentful if his arbitrary manner is called to his attention.

Unless the child be blessed with exceptional parents, he must bear the consequences of the latter's human shortcomings. Certain theorists are prone to ascribe responsibility for a child's misbehavior entirely to the faulty pedagogy of the parents. The child seems to be regarded in the light of a malleable paragon which is unskillfully moulded by alien parents. Inferentially they misunderstand and mismanage him. But, after all, children are the offspring of their parents and of the identical phylogeny. They are prepared by nature to accept the frailties of their progenitors. If the child had a choice, he probably would prefer a "good" parent with some weakness which tended to make his own shortcomings less glaring by comparison, rather than a "perfect" one so far removed as to seem unrelated to him. Particularly for this reason children are apt to seek the kitchen or servants' quarters in leisure moments, and boys like to pass time with the farm-hand or the chauffeur where a critique of their faults by adults is less severe and the general level of conduct lower.

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Luckily, the pernicious circle of parents clinging tenaciously to their infantile reactions, in regard to education in general and sexuality in particular, and utilizing them a generation later is neither absolute nor without its tangents and modifications. Each set of parents is a new combination; the sequence and sex of children in the new household may vary from the old; certain general environmental situations have an effect in changing attitudes. Even when children have reached the school age, the education and enlightenment of parents may produce an alteration in the latter's approach to pedagogic problems. Though this change in attitude is of necessity predominantly intellectual, the child may be slightly impressed by the parents' profession of liberality. Perhaps the greatest benefit which comes from intellectual appreciation of children's problems by parents is in their choice of personnel to aid in the children's care and instruction. The rigidly conservative parent may perceive that the very formal school (often with strong religious background) which he has chosen for the child because of his own convictions does not necessarily best fulfill the child's needs. The "liberal," careless parent who has entered the child at a "progressive" school where discipline is lax, because the school reflects his own mode of life, may be persuaded that for his child a school where individualism is not stressed may counterbalance the irregularity of habits at home.

Childhood impressions of moral standards obtained from parents are all the more lasting and potent because they become unconscious. Even impressions received long after the infantile period and little noticed at the time of their occurrence—at ten or twelve years or even later—exert a distinct effect in determining the emotional attitude of the individual. But it is an error to regard the unconscious as irremediably static. Unconscious childhood impressions can be subsequently moulded and modified, especially at the momentous period of physiological puberty, through educational assistance and interpretation.

As already mentioned, the emotional development of the child is influenced powerfully and permanently by his relationship to his parents. A mediated, preferably gradual interruption of infantile emotional attachments between children and parents through encouraging independence in the child or through actual physical separation at a reasonably early age is bound eventually to react favorably on both, no matter how painful the process may affect either the child or the parent at the time.

Normal love is, as we have already seen, a complicated phenom-

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enon into which many partial impulses enter. If in analyzing a tender love attachment of a father for his daughter, which from a superficial observation has little in common with the untrammelled sexual longings which urge a pair of ecstatic youthful lovers to plunge headlong into mating, we discover undeniable sex components, this is no reason why the circumstance should be regarded as a defilement of the parental relationship. Such revelations point the direction for the scientific investigation of anomalous family situations, ranging from such incongruous reactions as the marriage of an elderly widower with a girl thirty or forty years younger, or the subdued, subtle rivalry between the mother and her adolescent daughter for the favors of the latter's suitors, to instances of gross and brutal incest between father and daughter. This latter relationship is more prevalent than we are accustomed to think, as the district attorney of rural as well as urban communities can testify.

Sometimes pathological familial attachments are wittingly cultivated and interminably protracted by selfish parents who have been disappointed in the love they expected in the marriage relationship or who have lost the companionship of their mate through divorce or death. Children who failed in, or who have been prevented from, effecting a timely liberation from parental attachments continue as young adults to be disrespectful and querulous, at times hateful toward the parent—an attitude which reflects the adolescent's own dissatisfaction with the retardation of his emotional evolution. In contrast to this, after the normal successful dissolution of the psycho-sexual bonds between parent and child, an equable, amicable relationship on an adult plane can be firmly established between the two.

From the aspect of character development, the importance of such a transition is inestimable. The parent with a pathological child attachment, and vice-versa, cannot permit himself an average flow of interest and love to persons of his own age. In the case of the child this becomes particularly noticeable in his contacts with children of the opposite sex and he is repeatedly thrown back on himself. He is apt to continue that type of personality which gains satisfaction only from and through itself. Notwithstanding a dissatisfaction with his position among his contemporaries, the pleasant but harmful dependence upon the parental support does not lessen. Subsequently when he is deprived of parental solicitude through death or accident, he finds himself to be in the pitiable position of an adult orphan. Abandoned late in life, he remains

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socially out of harmony and incapable of adapting himself to normal persons who have emerged from these stages of parental dependence which each one of us abandons by degrees in his progress to full adulthood.

It is self-evident that fundamental child-parent relationships are centuries old and change very slowly. The most important stipulations for a wholesome parent-child relationship as shown through the psychoanalytic study of conditions developing as a result of family discord are: (1) Parents who have themselves become emotionally mature and can give love freely; (2) a happy balance between tenderness (love) and discipline in the training of the children; (3) a recognition that the child's sex problems are closely associated with his social attitudes and reactions to his parents; (4) the gradual liberation of the child from dependency emotional attachments and ideals of the parent so that he may develop his own personality.

THADDEUS H. AMES, M.D.

PREVENTION OF MENTAL DISEASE IN CHILDHOOD

FOR countless ages parents have tried to spare their children the hardships they themselves have endured, both by advice and by providing as much comfort as possible for the offspring. Their efforts were lifted to another plane by Freud's researches, which proved that non-organic adult nervous and mental disease is a more or less disguised continuation of early emotional and psychic difficulties in regard to members of the immediate family group. So enabled to reconstruct and clarify their complicated relationships to their own parents, brothers, and sisters, and achieving serenity in spite of the years that have elapsed since the origin of their own difficulties, they have come to see that mental suffering lies in the unreasoning, rather than in the reasoning, sphere of activity. They understand that if their children are to be spared suffering, not only comfort in external environment must be provided, but also comfort in the inner emotional and psychic life. An equilibrium of feelings and emotions must be maintained, not through downing them, but through appropriate expression and honest loving and humble solution.

Once medicine men and priests tried to avoid evil. Now physicians, religious workers, teachers, and social workers all bend their respective efforts to the same end to the prevention of mental suffering. There are as many methods as there are theories about the causes of suffering. Since this chapter is limited in space, a general survey of these lists, their *modus operandi*, and their values must be omitted.

At least three prerequisites exist for the individual who would undertake the prevention of nervous and mental disease in others. The first of these prerequisites is objectivity, the ability to handle existing conditions without prejudice or confusion of motives and issues. Dealing with unreasoning behaviour puts a leader constantly to test for his objectivity in observing and discerning the facts.

Second, the worker must know in detail the course of events in therapy and its attendant phenomena. The path taken by symp-

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toms of abnormalcy from their incipient stages through the transformations, intensifications, and recrudescences must be recognized, then the varieties of decline of activities until there is a complete cessation of abnormal symptoms. Unless he is familiar with the multiple course of events, and can differentiate between apparent and real cessation of symptoms, and knows when one set of symptoms has been disguised by a seeming transformation of the neurotic into antisocial or unsocial behaviour and vice versa, a worker *thinks* he has accomplished beneficial results when he has not.

Every bit as important as this is the knowledge of the state the patient was in at the time of, and just prior to, the first outbreak of symptoms. After the stimulus, after the patient has been "exposed" to the psychic infection, there is a period of incubation, when the initial abnormalcy declares itself. During this preliminary period of incubation there are potentialities for both normal and abnormal behaviour, so that therapeutic work may be most readily accomplished then.

The third prerequisite is a knowledge of general likelihoods and probabilities. Many parents are concerned that their children are looked after very well and aren't going to have the troubles that *others* have; a teacher feels that the pupils in her class aren't the kind that ever have abnormal tendencies—they are just normal youngsters; the minister says that the little ones he knows are just dear, sweet things, lovely, budding characters. There is no need for watching his parish. Individuals, too, are prone to believe in their own immunity. Few men and women have the insight of John Newton who said, as he saw the drunkard lying in the gutter, "There but for the grace of God lies John Newton." I believe that any individual is subject to any abnormality. No parent, teacher, minister, or leader of any kind is in a position to be sure he will not some day find in his own group some form of behaviour that he condemns in another group.

After accepting this fact, we must anticipate the order in which untoward tendencies may arise and the time of life at which they may be expected. Only when one has an idea which of many phenomena may appear can he be ready with a plan of action.

Much space would be required for a development of these points. Believing that the readers of these chapters are more or less conversant with Freudian literature concerning the period of incubation, onset, rise, development, and decline of sexual life, we now turn at once to some practical details that may be used for prevention.

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The time to begin prevention is earliest childhood. The items in infant and child care that contribute toward health and happiness are feeding, excreting, sleeping, and playing, the manner in which the child is bathed, dressed, loved, welcomed, rewarded and punished, taught, and reared. Instead of giving the usual instruction of pediatricians for these processes, the writer is drawing attention to the sexual phenomena that are likely to accompany them.

Freud has stated that in the act of nursing a baby derives a certain amount of sexual gratification. The technique of nursing gives opportunities for extremes and for a middle course of action. Some mothers, in nursing an infant, either at a breast or by bottle, hold him for a long time before and after feeding, clutching his whole body with rhythmic tightenings; some place him naked against the bare chest; some wiggle the nipple from side to side on the tiny lips or alternately insert and withdraw it to see the attempts to catch it.

Most babies suck their fingers to some degree. Some mothers prefer an ivory pacifier to a continuation of thumb-sucking, and when the child has grown older they resort to hard candy and lollipops, convinced that as long as a remedy works it is perfectly all right. Other mothers refuse to allow any object in the mouth as a substitute for a nipple and fight thumb-sucking by extreme measures.

Some mothers believe in feeding the baby whenever he cries or sees food and indicates that he wants it. She smiles at him and coquettes as she feeds him, creating an element of sexual flirtation such as would exist between two people of equal age. One mother told the writer that her chief aim in life was to have such good food in her house for meals and between-meal-bites that her four sons, no matter where they might be, all their lives would remember her lovingly. On the contrary, many a mother pays so little attention to the feeding of her offspring that she doesn't know what they eat. She is aware that they eat something, and that is all. The children feel a lack without being aware of what it is.

One mother finds it easier to put each spoonful or forkful into a child's mouth for six or more years than to train it to eat alone. To another parent, it seems simpler to let the child use its fingers, hands, or mouth to get food directly from a plate than to feed it or teach it to use a spoon or fork without assistance.

Coincident with the process of eating is the concern about digestion. Parents implant, in their children, both fears and joys in

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kinds and quantities of food, focusing attention on nutritional values, the process of digestion, or likelihood of good excretion. The lives of whole families become centered on what they shall daily have to eat, digest, and excrete, without their reckoning that they have established oral, digestive, and anal-erotic habits which influence their whole behaviour and careers.

Excretion is made a matter of importance to all babies. Even the smallest infants gets approval or disapproval accordingly as its bowel movement is large or small, well-timed, or ill-timed for the convenience of those who change the diapers. The mood of the helper is readily transmitted to the infant; the mother impatient to get away tends to slow up the baby's movement. Crossness breeds slowness and stubbornness of intestinal movement, and so contrariness of disposition comes to parallel constipation. The care-taker of the baby transmits also her attitude toward the soiled diapers, and the matter of cleaning the anus. Feelings of disgust, annoyance, repugnance, embarrassment, fascination, and pleasure are each in turn registered in the growing infant, even though he is not able to formulate such impressions into words. These feelings are more, rather than less, likely to become the child's attitude toward his own bowel function and the handling of his own body.

Parents who want a wholesome, normal attitude in their children, not simply toward the eating process, digestion, and excretion, but toward all habits and relationships, will do well to place in charge of their babies someone whose attitude toward all physiological processes is one of naturalness and decency. An objective mother in charge is in a state of readiness to respond with patience to a youngster's interest in both the act of bowel movement and in the excreta, until the naturalness of egress from the body of the food that has gone into it is accepted by the child as a routine of slight importance. Patience and quiet training by a mother for regularity of bowel movement makes for regularity of disposition; impatience makes for stubbornness, constipation, stinginess, and misdirected insistence upon perfection of detail. If a child is allowed to develop symmetrically, his sexual tendencies will not remain fastened on his oral or his anal activities.

Sleeping habits are formed when a program becomes routinized for several successive twenty-four hour periods. Tiny infants will sleep when well nursed, changed, and covered, whether someone sits by them, holds them, or whether they are left alone in a crib in a room that is dark or light. The mood of the person is transmitted to the baby as it is put down to sleep under normal circumstances.

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Too much or too little attention at bedtime produces tension in the infant that is not conducive to sleep but is provocative of some sexual over-stimulation. When a mother is alone in the house, due to a husband's absence, she may have her son or daughter sleep with her. A son of twenty-seven told me that during thunderstorms in the night his mother still came to get him to come to her bed or got in his bed to cuddle close to him. Some parents always caress a child until it sleeps, stroking the forehead, or arms, or back.

Children sleeping with parents, siblings, guests, or strangers in the house are likely to have sex feelings stirred earlier and more intensely than is necessary. All recommendations are for a baby's being put to bed regularly at a definite time in a room alone, dark in the night and light in the daytime, in order to form habits of sleeping in either dark or light. Loving assurances may be conveyed to the youngster in brief genuine "good-nights" that leave no feelings of loneliness or passion.

Adults play with babies by making facial grimaces, changing the tones of voice, uttering words or noises, moving the head, the torso, arms, hands, and fingers, all without touching the baby—or by picking up the infant, tossing, jostling, tickling, or rubbing him. Some parents never leave a baby or child alone to amuse himself, but manage to be constantly there whether its play is arranged for it or shared or not. Conversely, some children do not know that there are parents who sit on the floor to play with youngsters, for such things have not been in their experience. Choice of the kind of play is very important. Games that are too advanced or too simple for a child's age or development are not play; they are work, and cannot be helpful. The games that discontented, unhappy children want to play are the games that they are unable to formulate into words, further than that they are the games that papa and mama play behind closed doors from which they are excluded. Since sons and daughters cannot be invited to those parental games, it behooves parents to arrange to interest children sufficiently in other games that will hold their attention and give them plenty of libido satisfaction. Through the medium of play, parents are able to provide for the dispensation of the child's libido, first with other adults, such as nurses, teachers, and relatives, and later with other boys and girls of the same age or younger. It is advantageous to make it possible at all periods of development for a youngster to play with grown-ups, adolescents, and children. This facilitates the transition of the attachment of the libido from parents

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to other adults, and then on to contemporaries, until a mate is secured for marriage.

Healthy-mindedness toward the taking of baths, and particularly toward the washing of the genitals, is related to early impressions gained by children when they are bathed. The general attitude of mothers and nurses in hurrying over or delaying the washing of the genitals, and the expressions of embarrassment, disgust, or fascination on their faces, becomes associated with the act in the child's mind sufficiently to determine future bathing habits. Sometimes a child of five or six is told he "must wash that dirty thing himself." Much discussion ensues about the necessity of washing the hands before and after a boy's urinating. Some boys get impressions from parents that their genitals are primarily clean, and should be touched for urinating purposes only after their hands have been washed. Others are taught that their genitals are dirty things, and their hands should be washed afterwards. Boys are more apt to keep their genitals clean if given the impression they are decent parts of their bodies respected by their parents. The attitude that the genitals are to be washed just the same as any other part of the body, without more or less stress than that given any other part, is one that tends to prevent trouble arising in the sexual sphere.

In dressing or undressing, children will, of their accord, pay little attention to sexual matters if not stimulated by an older person. To say "Shame on you" to a little child ready to hop into a bath-tub is to bewilder it as to why it should be ashamed; to gaze fondly at the genitals of a child also confuses it. A child accepts nakedness as decent until some grown person changes its point of view. Parents can make peace and comfort throughout a person's whole life impossible by their attitude of unnaturalness toward the naked body, and toward the matter of dressing and undressing in the presence of others.

The attempt to decide which should be the very first step taken toward a new-born babe to prevent later suffering would start argument that would not be appropriate here. Perhaps a message of welcome to the new arrival, if received, would spare his later doubts about being wanted and loved. Most women are convinced a tiny baby comprehends the love, welcome, and assurance given through the tone of voice and the touch of the hand and the smile on the face.

The giving of love to children has its advocates and its opponents. The writer's opinion here is as about other extremes, that

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love given in the form of prolonged kisses on the mouth of the child, prolonged embraces in and out of bed, etc., are greater stimuli than the pre-adolescent can react to normally; and also that the complete absence of all demonstrations of affection is more than the child can cope with. Love can be given to children in moderation not only by physical caresses, but by words, gestures, facial expressions, interest in the child's affairs, by listening and talking, by reading aloud, by companionship that is unselfish, and by a thousand infinitesimal considerations. The mere giving of presents to children is not in itself proof of love. A caress is not in itself a criterion of love.

To feel that it is loved, a child needs to believe, among other things, that he is wanted, just as he is, for his own sake. He wants to be convinced that his parents wanted a baby before he arrived, and that he was what they wished for and expected. Reiteration in varying ways, but in simple words, that he is wanted is greatly appreciated by any child.

If occasionally, while bathing or dressing him, a mother will include in her conversation with her little boy a certain amount of comment on his penis, dwelling on it no more and no less than on any other part of his body, he will have a feeling that the *whole* of him is loved and accepted, and he will grow up with a much healthier attitude toward himself. If she tells him that when he grows up he will be entirely like his father, the boy will not feel that any part of his body is omitted in his mother's recognition of him. He will have less tendency to wish that he were a girl or castrated, or to have any other confused feeling against being a boy, if he knows that his mother approves of his penis. If the father tells his son every once in a while that he is glad to have him a boy and that each detail about him is all right including his penis, the boy will feel better toward both his father and himself.

Similarly, fathers and mothers are able to make an opportunity to tell their daughter that they are happy that she is a little girl, that she has a nice body, even though genitally she is different from her brother, and that some day when she grows up she will be like her mother. She is then not likely to have a feeling that in either parent's eyes she is made wrong architecturally and ought to have an external apparatus like her brother or her father.

Each parent expresses approval and disapproval of his child's behaviour. Even from the objective leader, approval and disapproval is to be expected. In other words, reward and punishment, or their equivalents, are an inescapable part of experience.

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In receiving rewards and punishments, children are apt to be more keen and accurate judges of their elders' motives than they advertise. They know whether parents bestow favours just because they happen to be in good mood, or whether they punish just because they are cross at something else. Boys and girls also sense with surprising accuracy whether the parents receive any gratification or suffering out of what they administer to their youngsters, as either reward or punishment, or whether they are really bestowing appropriate treatment for what the children have done. Disregard of both gifts and deprivations that are unsuitable to their behaviour leads to disregard of them when they are appropriate. Children welcome both reward and punishment that is timely and meritorious, and respect the donors; they do not respect the donors of unwarranted merits and demerits. Punishment or reward that is deserved is accepted at full value, and the normal reaction is one of friendliness and a desire to co-operate.

Promises and threats are also recognized by children for their true worth, and are sometimes passed over unnoticed. Boys get to the point of knowing that the policeman will never be called, no matter what the threat is. They realize that when the threat is "I'll skin ye alive," they will not be skinned. But when a conscience is already guilty about some secret, undiscovered sex matter, and a parent threatens castration, the boy suffers deeply, although his judgment may tell him he may disregard the threat. The only way not to cause upheaval in children's emotions in regard to threats and promises is to be sure of one's wording and not say things that cannot and will not be carried into overt action.

Steps taken to bring about the socialization of a child with his parents, siblings, and other relatives cannot be started too early. After all, one of the best criteria of social normalcy is pleasantness of relationship with immediate blood kin and mate. The prevention of antisocial and unsocial contacts has to begin *ipso facto* with the child's relationship to his parents, brothers, and sisters.

There is no period that is too early to begin to anticipate difficulty between a son and father and between a daughter and her mother. Rivalry between two of the same sex in regard to the relationship to the one person of the other sex is to be expected normally to exist throughout a lifetime in a degree not sufficient either to cause distress to the individuals affected or to their environment.

Various possibilities exist for keeping this rivalry within bounds. Both father and mother have opportunities for facilitating the

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relationship of the child to the parent of the opposite sex. For instance, a father can encourage his little son to be with his mother without stirring rivalry. At the time of leaving the house, he can say not simply: "Be a good boy," or "Look after Mother while Father is away: be the man of the household"—but "Give Mother love all day long," or "Don't forget to show love to Mother." This lets the boy feel that there is full permission on his father's part to convey to his mother his love in whatever way he may happen to want. He does not have to put on "company manners" for his father when the father comes into the room. If the father seems pleased that the boy and his mother are happy together, the sense of guilt is prevented from arising in the Oedipus situation. Absence of teasing or sarcasm by the father about the boy's "hanging around the house" with his mother is also likely to prevent the arising of a sense of guilt in his relationship with his mother and a hatred of his father. The pleasantness or unpleasantness of relationship of a son to his father determines that boy's future ease or misery in his contacts with men in an official position of authority over him.

A mother has opportunity to hand over her small daughter to its father with most friendly feelings towards them both. Later on if a mother is whole-heartedly willing to let her little girl play with its father when he comes home afternoons instead of claiming her husband for herself and shutting off the child from him completely, the daughter has a feeling that she and her mother are sharing a friendship, and not a rivalry. The actual unwillingness on the part of many mothers to allow a grown-up daughter to have a noon luncheon downtown alone with her father or to go to a football game with him prevents cordiality between mother and daughter and also between wife and husband.

Much has been written on instruction about birth at the first curiosity of a child; little, about death. Parents tend to avoid straight, simple answers to questions about so much crying, whispering, staying behind closed doors, arriving of relatives, visitors and flowers and the exiling of children for a few days; parents say, "You are not old enough to understand. Run on now and play, but don't be noisy." This makes the child feel guilty at not being old enough to understand and at not being wanted. His ego is hurt. He cries, but in competition to and protest at the crying in the house and his parents' attitude toward him, until his parents, self-centered in their grief, come impatiently and tell him to

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stop his noise. Not only his ego, but his love is thwarted and he is in a state of anxious desperation. This despair in a little boy can be overcome by attention and love; it could be prevented by telling him ahead of time that his father and mother feel very badly about someone's dying but that their love for him will not be less and they will need him even more while they are all upset and ask him to understand. If adults in the frantic grief of death in a household would remember that a little boy needs recognition and love at such a moment and would come to him lovingly in their tears, telling him they needed him as much as he needed them, he would cry lovingly with them and they with him, without their frenzy.

Children respond to emotional states of parents as the parents stir them. Like breeds like—children love when loved and distance themselves when distanced. A child is conditioned to grief in his middle age by his first experiences with his parents when death comes to the family. Should his parents show him that their love for the departed continues after death, a child will get the impression that out of sight he will still be loved and not forgotten. The presence of continued love and of continued estimation lessens grief.

Little children are capable of grasping the idea that not only cats and dogs, but boys and girls, men and women do not last forever, but they, as flowers wilt, get sick or have accidents, die and do not come back. That this is natural and to be expected can be conveyed gently and even undisturbingly before death comes in the house, if the informers are quiet and gentle. Even as children accept the arrival of a new baby relatively comfortably, so those, told that someone in the family, very sick, can not live much longer, will die, gradually accept the fact of death. Then when death comes, the child is told immediately, one or both parents cry in his presence and in his embrace and he feels he is a participant, not just a spectator; he cries with them as an equal or even asserts some parental sympathy by patting them gently as children often do, saying, "Nice little mommie," "nice little daddy." A spontaneous mature expression coming from a child is a milestone memorable throughout the lifetime of everyone involved.

Freud's observation that the one who does not break down is the one whose love life and ego have been well cared for forms the basis of all technique in childhood to prevent neuroses in adult life.

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BIBLIOGRAPHY

- Freud, Anna: *Technic of Child Analysis* (Washington: Nervous and Mental Disease Publishing Co., 1928)
- Freud, Sigmund: *Three Contributions to the Theory of Sexuality*
"A Child Is Being Beaten—A Contribution to the Study of the Origin of Sexual Perversions," *International Journal of Psychoanalysis* (1920)
The Ego and the Id (London: The Institute of Psychoanalysis and Hogarth Press, 1927)
"The Passing of the Oedipus Complex," *International Journal of Psychoanalysis* (1924)
- Klein, Melanie: "The Development of a Child," *International Journal of Psychoanalysis* (1923)
"Child Analysis"—Six lectures given in English under the auspices of the Institute of Psychoanalysis in London, July, 1925
- Chadwick, Mary: "The Value of Psychoanalysis to Education," *New Era*
"The Inter-relations of Education and Neurosis," *New Era*, V, xviii
"Mental Investigation of Children," *The Child*, XVI, viii

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JUVENILE DELINQUENCY

IN order to understand behavior patterns and behavior problems, we must attempt to explain them not in terms of simple cause and effect relationship, but in terms of motivations. In other words, it is not solely the single factor of a broken home which may by itself have a deleterious effect on the child but it is the effect of the broken home on the whole mass of factors which develop and create the personality of a child and his adjustment to life. By motivations are meant responses to the individual's conscious and unconscious emotional needs which are part and parcel of the pattern of adjustment to life. This adjustment is a process which begins in earliest infancy and has its most important period of construction in the early years of childhood. This, of course, does not exclude the fact that certain changes in behavior may be ascribed to such specific causes as organic changes in the brain due to injury, inflammation or poisoning. In the broader sense in which behavior is discussed here, we are led to seek motives.

The infant carries into life the same instinctual drives and urges that we find in the adult. In an early period, the character of the expressions of these drives and urges may be called primitive, "barbaric," and narcissistic. The eventual aim of the care and education of the child is to modify the expressions of the drives and urges, to mold them into a mature, adult, socially acceptable form. The child needs emotional security in order to face the new adjustments it constantly has to make. To give up infantile behavior for behavior on a more adult level means relinquishing an activity from which the child derives immediate gratification, for an activity which at the moment involves self-denial. As an example, we can take the child's learning to give up wetting itself when tension arises in the bladder and waiting to urinate until it has reached the toilet. The child is willing to go through this educational process if it receives love in return. If the love is consistent, given as the child needs it and not given merely to satisfy the inner needs of the adult, emotional security is established because instinctual drives and urges in the infant are always directed towards the parents or those who take care of him. The attitudes and reactions of these adults to the needs and expressions

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of the infant are in a great measure determined by their own type of adjustment to life. Thus the adult molds the type of adjustment the child will make and this in turn tends to determine the character and personality of the adult into whom the child will eventually evolve.

Juvenile delinquency as an aspect of behavior is a particularly important problem at the moment. It has received a great deal of public attention because reports from various sources indicate an apparent numerical increase in incidence. The disruption of the normal home structure and influences often occasioned by the needs and exigencies of the war effort, the absence of older brothers and now older sisters and father from the home, mothers going to work, crowded quarters and a host of other factors undoubtedly aggravate a problem which, however, demands equally serious consideration in peace times.

Girls of 14 and 15 years of age are found consorting sexually with men of the armed forces often after having deserted their homes. This was, of course, a problem in peace times too. Boys and girls of proper high school age play truant and seek to leave school to obtain work. Often this effort, though well intentioned, is misguided. The fascination of the apparently higher wages afford these children an outlet for their wishes to catapult themselves into adulthood with adults' privileges. Thus, because particular trends of a period will be found reflected in the asocial behavior of the adult and the child, minors have been found taking active parts in attacks on minority groups, desecrating church property and giving vent to the vicious slogans employed by their elders.

As the problem presents itself today, it is mainly viewed from two angles. These two angles cover some areas in common, but in other respects are too distantly separated from each other. One is society's angle viewed through the eyes of the law; the other, a clinical view based on the structure and personality of the individual.

Juvenile delinquency in a legal sense is defined by the law. Since the laws of the State of New York are generally credited to be more liberal on this matter than most states, we may take its definition with slight modifications as a practical example.

Social Welfare Law 371 (3)

delinquent child shall mean a child

(a) who violates any law or any municipal ordinance, or

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(b) who commits any act which, if committed by an adult would be a crime not punishable by death or life imprisonment, or

(c) who is incorrigible or ungovernable or habitually disobedient and beyond the control of its parent, guardian, custodian or other lawful authority, or

(d) who is habitually truant, or

(e) who, without just cause and without the consent of his parent, guardian or other custodian, repeatedly deserts his home or place of abode, or

(f) who engages in any occupation which is in violation of law, or

(g) who associates with immoral or vicious persons, or

(h) who frequents any place the existence of which is in violation of law, or

(i) who habitually uses obscene or profane language, or who begs or solicits alms or money in public places under any pretense, or

(j) who so deports himself as to willfully injure or endanger the morals or health of himself or others;

(Laws 1940. C.619 effective March 1, 1941)

Penal 2186

A child of more than seven and less than sixteen years of age, who shall commit any act or omission which, if committed by an adult, would be a crime not punishable by death or life imprisonment, shall not be deemed guilty of any crime, but of juvenile delinquency only, but any other person concerned therein, whether as principal or accessory, who otherwise would be punishable as a principal or accessory shall be punishable as a principal or accessory in the same manner as if such child were over sixteen years of age at the time the crime was committed.

Now, we not only understand what the juvenile delinquent act is according to the law, but we also know what stealing, lying, truancy, desertion of the home and sexual transgressions mean according to the dictionary. What we still have to know in order to understand the individual delinquent is what does stealing, lying, truancy, desertion of the home and sexual transgression mean to him, the juvenile delinquent. Here psychoanalysis helps us fill the gaps left by the dictionary and the law, throwing light on the conscious and unconscious motives at play in the individual method of adjustment to life. The real question is: what are his motives, what is he saying and acting out by this behavior where the real meaning does not appear on the surface. True enough, the law seeks motives and intentions in a delinquent or criminal act in

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order to distinguish the criminal act from one of passion, accident, ignorance or gross disease of the mind, such as mental deficiency or insanity. The law, however, is essentially interested in conscious motives. To the student of human behavior, from the clinical point of view, motives are not solely to be sought in the conscious psychic life of the individual; the most potent motives for good or bad are to be sought in the unconscious psychic life, in the entirety of the pattern of adjustment the individual makes to the problems in life. Of this the individual cannot be entirely cognizant. As I have said, here psychoanalysis gives us our greatest help in understanding the problem.

Let me, for example, report the study and treatment of a boy who had at the age of 15 years committed a homicide during a hold-up. The boy, whom we will call Jerry, was a high school student of above average intelligence. According to the law he could be termed a juvenile delinquent and was so adjudged. Jerry was seen by the psychiatrist several months after he was committed to a correctional school for juvenile delinquents, and weekly interviews lasting an hour were continued for the three years that he remained at the school. He sat up in a chair throughout the treatment, facing the psychiatrist. The function of the psychiatrist was explained to him and he was encouraged to discuss his difficulties in behavior as a problem which he needed to solve and for which he was going to get help if he so desired. He said he was interested in knowing why he had developed the way he did, why his life was such a long series of misbehaviors and why he committed so many criminal acts. He expressed a willingness to be treated if he could find out why and thereby alter himself. Free association was explained to him and, in a measure, he took to it readily. Dreams were employed for the value of the interpretations and for the further memories they helped to evoke. Adequate opportunity was found to deal with various phases of the transference situations. The boy was not psychoanalyzed in the classical sense, but psychoanalytic procedure was adapted to the needs of the situation and the circumstances at the school.

In the course of the first few weeks, the incident of the homicide frequently came up for discussion and the following description of it was obtained from the boy. The incident seemed to have been the culmination of a series of events which ran through a period of twenty-four hours, beginning on a Friday evening and ending the following night.

The murder was committed on a Saturday night. "Friday

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evening, the night before," as Jerry related the story, "I had a quarrel with my mother. It was at supper time. I got up from the table, ran out and slammed the door." He was asked to tell about the quarrel. "She became angry because of the particular way in which I handled the butter knife. I handled it in this way." Here he made a gesture as if burying a dagger in something. Mother did not like the way he handled the butter knife and reprimanded him. He said he became very angry, because it seemed to him that she understood what he meant by that gesture. Well, what *had* he meant by that gesture? He then told the following story:

He had been making quite a hit with the boys and girls. He was always careful and neat about his dress. Now there was another fellow on the block and he had just got a new suit and it seemed to Jerry that this fellow was going to cut him out. "Well, you know how I feel when anybody gets in my way. I was thinking I would like to kill him and while I was thinking of that I was holding the butter knife in my hand like a dagger and stuck it into the butter the way I would like to stick the dagger into him." He felt very much shaken and distressed when mother reprimanded him. He did not want her to know that he had such ideas or intentions. He was very angry at mother and himself and ran out of the house.

He went to a friend's home, a boy of his own age. There Jerry took two drinks of wine and became drunk. He had drunk before, more and stronger stuff and had not become drunk. He had never been knocked out by that small quantity before. He couldn't understand it. The boys then went down the street and at their accustomed rendezvous they met a group of boys and girls and went to a girl's home where a party was taking place. Jerry's sweetheart was at the party.

He said the following about his sweetheart. "Oh, I had my contacts with girls, sexual relations and so on, and got them to do what I wanted. I looked upon a girl as something I could use for my own pleasures. This girl was different. I could not think of having sexual relations with her. I could not think of doing anything ungentlemanly with her. On her account, for three months I had not stolen or had sexual relations or done anything bad."

He could not remember what went on at that party, Friday night. He awoke at about 11 a. m. on Saturday. How he got home he does not remember. He prepared breakfast for himself and then went down to the street. He saw his sweetheart with a group of

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girls, he greeted her and she turned her back on him and, without saying a word, walked away. He was astounded. To one of the group of girls he said "What's the matter?" She answered, "Don't you know what happened last night?" No, he did not remember what happened last night. "Why, you were drunk. You were fooling around with one of the girls and dragged her into a bedroom. At first we all thought it was a joke, but when the girl began to scream, we came in and found that you were trying to attack her. Your sweetheart said if that is the way you keep your promises, she'll have nothing more to do with you. She says she won't talk to you anymore."

He said to this girl who had informed him of all that went on: "All right, if that is the case, I will show her how bad I can be. Will you come out with me tonight, if I have the money?" "What do I mean? You know what I mean. Will five dollars be all right?" She agreed to meet him if he had the money. He was very angry at himself and at his sweetheart.

He left the girl and figured out a plan. He would commit a robbery, a hold-up, get money and skip out of town. He had often used the money he stole for short overnight trips out of town. He had never committed an outright hold-up before. He got the gun which had been hidden away for three months. His regular partner could not help him tonight. He picked another boy, Phil.

Phil he described as a dull boy, a typical squealer, who had often been in the position of finding others doing something wrong and quickly telling about it. He was a submissive individual who must quickly unburden himself of guilt.

Arrangements were made. They had surveyed the territory and could not find a suitable place to hold up. It was about 10 at night, and in desperation, Jerry decided to hold up an old merchant. It was not the most ideal choice but it was too late to look around further. He was accustomed to be most circumspect in his long series of stealing and burglaries. Plans were made. Jerry would go in with the gun and hold up the old man. Phil would go through his pockets. It was all simple. Phil was told exactly what to do; however, he needed a little encouragement for he was afraid of the gun.

They walked into the shop and the old man was held up. As Jerry stated, the old man looked dumb-founded. His jaw sagged. It was as though he could not believe it. He thought it was a joke. A little kid with a gun. The old man walked towards Jerry mumbling something. He did not put up his hands but walked

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towards Jerry. Jerry figured he would have to hit the old man on the head, empty his pockets and escape or merely escape without doing anything. The old man continued walking towards him. Jerry was in doubt whether to hit him or shoot him, and in this confused state he backed up. In that moment his leg struck against a projection. In that moment he realized that he had miscalculated the distances. He was behind the counter, he could not readily get to the door and flee. He did not know what to do. Mechanically he pulled the trigger. He suddenly saw a little hole develop in the man's shirt; a little blood appeared; the old man fell. He looked silly as he fell on his knees and grasped Jerry's legs.

Phil was panic-stricken. He was ready to cry. Jerry said, "Come on, let's go." They ran. For a block they ran with the gun in Jerry's hand. He recalled that as he ran, he saw another old man, sitting on a stoop mechanically eating an apple. It seemed so stupid to Jerry that he just felt like emptying the rest of the gun into this old man's body. Phil slackened. He said "What are we going to do?" Jerry savagely kicked and punched him and said "Get along or I'll kill you." They had reached their own neighborhood. Phil promised to keep quiet under threat of murder. Jerry told him that he, Phil, had nothing to do with the incident any longer, he had no responsibility. Jerry would take care of the whole thing. Jerry went home, whistled as he ascended the stairs in his customary manner. He put the gun away in the hiding place, ate his supper and went to bed. The 24 hours had been rounded out.

The case is of course an extreme instance of a juvenile delinquent act, but it will bring out in relief the basic dynamic factors we will find in studying problems of delinquency.

Jerry was asked by the court why he had committed the crime and what were his motives. He admitted that the hold-up was for purposes of robbery; that he had carried a gun to enforce his demands, and that he wanted the money for a good time. He insisted, however, that the shooting was an accident; he had meant merely to scare his victim. After further questioning, he admitted that he may have been influenced by the lurid gangster movies in vogue at that period, and that he had sought a thrill in the robbery. He denied that he had ever done anything wrong before. The Children's Court and the Social Service Exchange had no record of him. The Court was perplexed by his imperturbable behavior and by his lack of remorse. He was, of course, sorry for what he had done because of the trouble he had got into and the grave con-

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cern it caused his family. He frequently remarked that he wanted to get his punishment and get through with the entire matter. He apparently understood that he would be adjudged a juvenile delinquent and would not suffer the severe punishment that would be meted out to an adult criminal.

We have then Jerry's own motives for the crime. In essence, he was telling the truth as far as he knew it, but it was not the real truth. The real truth, the real motives lay in his unconscious motivations. During the course of the treatment he offered more profound causes as he saw them, for his behavior. He felt that the loss of his father when he was 4 years old left him without the paternal influence he sorely needed, for he said that he was "spoilt, allowed to have his way too much and in many respects pampered" by his family. His deep dark secret, which he felt had had the greatest influence for bad, he only divulged later. This secret referred to a history of "incest" play with a sister which began when he was about 7 years and continued until he was about 11 years. He felt that he would end up badly and often thought that he ought to be killed because he was a "degenerate" for only a degenerate would indulge in incest. He now was glad that he had been arrested and "sent up," for now he had a chance to be treated, and was sorry that this had not happened sooner.

Now, let us understand as psychoanalysis has taught us, that the neurotic symptom is a composite and compromise phenomenon, representing a struggle between the needs of the unconscious and the prohibition of the super-ego with the harassed ego in between as the agent of expression. Further, schematically described, we may say that the ego cannot allow the full expression to the unconscious wish because of the prohibitions of the super-ego. This problem lends itself to three main types of solution. The unconscious wish may be totally repressed, in which event we may postulate that the individual is capable of sublimating his unconscious wish, i.e. translating it into a socially acceptable form of expression. On the other hand, the prohibitions of the super-ego may be overcome and the unconscious wish is given full sway, a condition akin to a psychotic manifestation. A third solution is one in which a compromise is arrived at by which the ego acts out something which satisfies the unconscious wish to a degree, and at the same time also satisfies the super-ego. This action which constitutes the neurotic symptom, carries satisfaction for gratifying the unconscious wish and also anxiety and punishment because of the demands of the super-ego. In this sense we can compare the neurotic symptom to a pantomime

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act or dumb-show with the exception that in the pantomime though no words are said we can understand what is meant by the gestures but in the neurotic symptom we have no clue to the meaning of the gesture or words spoken unless we understand the language of the unconscious.

If we now look upon Jerry's behavior in the light of neurotic symptoms and try to understand what the conflicts are within him, what his unconscious drives are, we will then arrive at a real comprehension of the motivations for his behavior. We have to study the unfolding of his instinctual life, the personalities of those who were in intimate contact with him, all the varieties of experiences he met with, the structure of his super-ego, his manner of dealing with problems that arise within him and the problems he meets in the world about him. In other words, we must understand the pattern of his adjustment to life. It is then only that the stealing, the lying, the sexual activities, the homicide will be understood in terms of the deeper motivations.

The following historical data, gathered from the court records, social worker's investigations and interviews with patient and family, though not too detailed here, will give us the material out of which we can arrive at an understanding of Jerry's adjustment pattern. Jerry was the youngest of four children and the only boy. His father, with whom Jerry had little real contact, for he was either ill in a hospital or on the road attending to business, died when the boy was 4 years old. He remembers being told that his father was kind and gentle and that he, Jerry, had been his father's favorite. He had a number of dreams in which his father and mother appeared at his crib and father peered down at him with pride. The economic circumstances which were good when father was alive, soon changed, and the family moved in with the maternal grandparents. His mother, a strong forceful woman, went to business at first and later took employment. She would allow no one to discipline Jerry and when Jerry got into difficulties with his sisters or others he knew that his mother would always take his side. He recalls that the family made a great fuss over him, he was paraded before visitors in "sissy" clothes because he was such a good looking child, and because he could read and recite so well at an early age. His earliest memory which he insists must go back to about the age of four years, consists of a picture of himself running around a kitchen table trying to escape mother's wrath, for she was chasing him with a broom stick to punish him for having done something wrong. The only male influence in the

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home was the old patriarchal grandfather, who, however, was not allowed to discipline him. Jerry was defiant of all authority except mother, towards whom he had never expressed a hostile word or gesture. He took her punishments and reprimands in silence. Towards her he was extremely affectionate, kissing and hugging her on every occasion. These demonstrations she accepted with reserve. Everyone knew, however, that he was her favorite and that all her hopes were set upon him.

Until the age of 14 years, Jerry slept in the same room with mother in a bed close to her. Since earliest childhood he was assailed by fears of death, fears that God would take his life and at night he could only still these fears and find sleep when he could hold mother's hand or clasp her about. The only person he admitted fearing was mother; he could never stand her anger or displeasure with him. At such times he would feel overcome by rage but never directed this towards her. He recalls masturbating as far back as the age of four and five years. At about the age of six years an older girl "got him to play sexually" with her. Mother never found out about this or his sexual play with an older sister which he himself termed "incest." These activities began at about seven and continued until the age of 11 years. Actually the acts consisted of unsuccessful attempts at coitus and various forms of manipulation. Jerry encountered the greatest difficulties in bringing out this material. He ceased masturbation at about 12 years because he felt it would do him harm and because mother would come into his fantasies at such times. Why she came into his fantasies he could not understand, since, as he said, it was with sister that "I played sexually and not with mother." He began to steal at about the age of 8 years, first from home, from grandfather and his sisters and mother and later from neighbors and merchants. The stealing, which later became more systematic and well planned, continued up to the time of his arrest. From about the age of 8 until 12, when he was religious, he would go through certain complicated rituals after stealing or some other guilty act. He would run into the path of an oncoming automobile, saying to himself "If God thinks I am guilty I will be killed." At other times he would lean far out on a window-sill or go to the roof and jump from one neighboring roof to another, again saying "God will kill me if I am guilty." After the age of 12 he was no longer religious but the fear of death and punishment still hovered over him in some inarticulate form. At the time of the treatment he was in dread of revenge at the hands of the children of his victim.

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At first he always did his stealing alone. He had always lived in an average white-collar neighborhood, never really in the slums. He belonged to the gang of the block, but the other boys did not steal. Later at about the age of 12, he took up with another boy of his own age from an adjoining neighborhood and together they would plan their burglaries, study the lay of the land and plan means of escape. He thus obtained considerable sums of money with which he would treat the girls, go to pictures, buy cigarettes, etc. He would like to go back to a scene of his burglary, mix in with the crowd and ask questions. This he particularly enjoyed. This meant to him that he was a clever actor and could get away with things. When mother deprived him of money for staying out late, he took his punishment, but of course felt that he put it over on her since he had his own money. In all of this history of stealing he had never been apprehended, though of late when the burglaries were more extensive his life had been in jeopardy a number of times when the police chased him from roofs or fired at him. He wondered, "Why did I take such crazy chances at being killed?"

At about the age of 11 years, with another group of boys, not those of his block, he entered into mutual masturbation and frank homosexual activities in which he, as did the others, alternated in active and passive roles. At about the age of 13 years he began to have hetero-sexual relations and he used the money he stole in treating girls.

Jerry was extremely vain about his appearance, his sexual virility and his intellectual abilities. He liked to fool everyone about his real activities. He took pride in his violent temper and illustrated this with a story of taking a knife to his brother-in-law who once dared to slap him and only giving up his attempt to stab him because his sister pleaded with tears in her eyes. He had once stabbed another boy in the arm because he refused to return the money he had borrowed from Jerry. At another time, when about 14, he broke a boy's jaw with a lead pipe because the latter had made some derogatory remarks about him.

For several years he had fostered fantasies of revenge should anyone "squeal" on him. He would stand in front of a mirror and, with his fist and index finger simulating a pistol, he would act out how he would "bump off" the "squealer" or in turn how he, himself, would be "bumped off" were he the "squealer." After he bought an automatic, about six months before the arrest, he would practice with the pistol in his hand. We thus see that killing and being killed, the death wish and the deserved punishment, run

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throughout his entire life. There is further evidence of this in his rituals which were neurotic symptoms of an obsessional type at about the age of 8 years.

We have enough data before us now to attempt a description of the type of adjustment Jerry had thus far made to life. Jerry had a mother who was not soft and yielding, but one who was demanding, harsh and ready to punish and one who fostered dependence in the child. Such a type of mother had a particularly striking influence on the basic attitudes laid down in the child's personality. She was a type of depriving mother, a castrating mother. Her authoritative and prohibitive attitudes may well be considered as a pace-maker or standard for all other such forces which the child would meet with later. These authorities later met with, essentially masculine in our society, loomed up even more stern than they really were, since in the boy's mind they would carry on where mother left off, but at no time would they have for him the redeeming and love-giving qualities he had found in mother. The absence of a distinct paternal figure in the family constellation further enhanced the important role of mother. Jerry's opportunities for masculine identification through the normal processes of a love relationship and rivalry with father were thus strongly limited. The normal development of Jerry's instinctual life was thwarted. On one hand mother over-indulged and pampered him, thus encouraging him to retain infantile attitudes and infantile forms of instinct expression. On the other hand, being harsh and demanding she shook his feelings of security and aroused in him violent rage and protests. These he could not direct towards mother because he was so much in need of her love. The rage and protests of independence must, however, be expressed and were therefore directed towards others as substitute for mother or towards himself, and of course also in fantasies. We find as we would expect, fixations at early levels of instinct development, strong oral and anal interests, such as the constant need for such gratification as he can find in talking, constant need for kissing mother, and the violent rage, excessive finickiness about dress and cleanliness and undue interest in "dirty things" as evidence of his anal interests. The nuclear problem, the Oedipus, under these circumstances cannot lend itself to a normal solution. Since mother fostered dependence on her, let him sleep with her throughout all these years,—with the added fact of the absence of a father,—the need for mother for purposes of instinct gratification and unconscious sexual gratification was strongly enhanced. At the

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age of about 5 or 6 years, when the latency period should set in, we find that instead of this the needs of the Oedipal drives continued unabated. His super-ego was fashioned on mother's sense of justice and on her readiness to administer immediate and ready punishment. His sense of guilt was strong as was his "need for punishment" for the mass of guilt which, schematically, we can center about the Oedipus situation. Accidental seduction by an older girl permitted him to redirect his sexual activities away from mother. At the age of seven, an older sister became the mother substitute and the unconscious sex drives towards mother were now played out with sister. The need for mother remained strong and we find it evidenced in his need to sleep with her and clasp her about. The fear of death, the dictates of the super-ego, as a symptom, lends itself to ready interpretation. For unconscious sexual relationship with mother he had to be punished, but the very fear of death drove him to mother where he found his gratification in disguised form. This unconscious sexual play with mother had its counterpart in social activities in the world of realities. Examples of this were his need for admiration and love from mother and mother substitutes, extra privileges and indulgences and avoidance of responsibilities. To continue, because of this Oedipal relationship with mother, certain sacrifices had to be made. In sleeping with her throughout these years it was as though he had to be castrated so that mother would not be aware of any direct sexual interests on his part. Instead of an identification with her which would result in the establishment of a homosexual adjustment, Jerry skirted this by protesting his masculinity and thus directing his masculine interests towards mother substitutes. We, therefore, find Jerry, before his time, acting out the role of the 'big man' according to the little boy's concepts. The one thing he could not countenance was loss of mother's love for then he would be like the abandoned little infant who must die. Like the infant, his mother was the whole world to him and her denials of his wishes aroused his murderous impulses. Since he could not murder mother, the drive would be directed towards other prohibiting agents or directed against himself, like the little child who in rage at mother, bangs his own head against the wall.

He got the excessive care and love he needed from mother through his fears, pleadings and his reliance on her need to protect him. Was this not stealing? Through his dependence on mother, he was deprived of his share of masculinity. He would

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obtain it in a roundabout way, through subterfuge; was this not stealing? Masturbation was a horrendous crime in his eyes; this use of his penis was denied him; in using it, it was as though he were stealing it for his pleasures. Money was the symbol of masculine power and strength; he would get it as an unconscious substitute for the masculinity he felt deprived of. He gratified his id wishes for masculine power by stealing the money and he satisfied the demands of the super-ego by being punished by his constant fear of impending death and later by the anxieties and dangers associated with his burglaries. No matter where he stole or where he defied authority, basically these activities were directed towards mother at home. Mother's attitudes, which we cannot go into in detail, for she was not the subject of study, clearly indicated her need for a masculine role and a rejection of the so-called typical feminine rôle. She was in conflict with her daughters and at loggerheads with her sons-in-law. Jerry whom she intensely loved in her particular way, was her symbolic masculinity.

We see thus that Jerry's stealing, sexual transgressions and other behavior problems have one meaning in the eyes of the law, but to Jerry's unconscious needs they have another meaning. Jerry has basically the same problem of adjustment that every other child has, i.e. adjusting the expressions of his instinctive needs to the demands of the world of realities about him. In Jerry's instance, because of the nature and circumstances of his developmental history, we see that the expressions of his instinctive life are dominated and shaped by the infantile and not by the adult demands.

By stealing he is really saying that he is a man, that he is getting revenge, that he is independent of mother, that he is getting punishment, that he is obtaining love. A neurotic symptom is over-determined, i.e. it has many meanings.

Now, if we subject the events of the 24 hour cycle to a study such as we have imposed on our understanding of Jerry's former life; if we again regard it as but a symptom of something basic, we see that this homicide, these 24 hours, represent a direct and inevitable culmination and expression of all the factors that have made the pattern of Jerry's adjustment to life. And so we see that it is motivation as defined here, the complexity of factors that result in an act which we call a delinquent act which is our proper objective study. Only when we examine the unconscious motives and factors of Jerry's whole life can we begin to under-

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stand the full meaning of the drama played out in the 24 hours.

Friday evening he incurred mother's wrath, for as he felt, she had apprehended him in the act of murder. His status in the community was threatened by the other boy. Jerry's status since infancy had to be unchallenged; he could brook no competition either at home or elsewhere, whether mother or mother substitutes are the objects whose love he seeks. Such a strength of rage as he displayed could not be accounted for by the realities of the situation. The Oedipus problem with its ramifications colored the entire picture. He could not direct his rage towards mother, who was denying him love, who was symbolically casting him aside. The rage must be directed towards himself or others. In getting drunk he acted out a symbolic suicide. At the same time this act implied a regression to an infantile oral level whereby he found some source of relief from anxiety and gratification. Having lost mother, having destroyed his super-ego, his unconscious drives could now have full sway. His sexual drives came out in full force, again dominated by the infantile concepts which consisted of the notion of a violent attack on the female by the male. He used here, not his sweetheart, the good, non-sexual mother, but another aspect of woman, the one who is not good and is sexual. To Jerry, women were distinctly divided between the good and bad, just as mother appeared to his unconscious as good and bad. The next day he found that again his good mother, now in the person of a mother substitute, his sweetheart, had caught him in the other terrible crime, that of sex, and he was rejected once more. Now he is entirely lost. His rage was again aroused and again he could not direct it towards the mother person. He was, however, sober and conscious and harassed by his super-ego. He was unconsciously driven on to seek more punishment. He would cast aside everything that hitherto had held him in check. He would have sexual relations, one implication of which is to get mother again, the other, to attempt to play the role of the 'big man.' In stealing money, he took to himself a penis with which to function. The old man in his refusal to carry out Jerry's wishes, represented authority which would not let him do as he wished; he represented mother, his super-ego. The problem again presented itself to him. He was again in a rage, and this time he had a likely substitute for all the authority which had balked him. He shot the old man. The punishment element was present in the consequences that might follow. There were a mass of other elements, such as the old man eating

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the apple which lend themselves to interpretation, but that would take us into too much detail at the moment. The death wish and in turn the threat of death we see weaving throughout his life. The motivations stand out clearly now. We may further say that the homicide here was a substitute for suicide.

Many causes have been pointed out to account for juvenile delinquency, such as the broken home, loss of a parent, poor economic conditions, bad neighborhood, bad home influence, lack of religious training, inadequate school program, lack of proper recreational facilities, social turbulencies, mental deficiency, mental disease and many others. There is no doubt that these so-called causes play an integral part in the adjustments of the individual. But the potent role played is exhibited essentially in the effect they have on the emotional forces in the individuals. We find that not all children subject to these influences become juvenile delinquents; in fact, the majority do not. These causes cannot be looked upon as entities but as very complex factors. Statistics indicate that the majority of juvenile delinquents come from *"across the tracks" in the poorer neighborhood, but by the same token we find that the majority of the children from "across the tracks" do not become juvenile delinquents.* While following this train of thought an interesting question arises which is seldom adequately studied. Why do not the siblings of the juvenile delinquents become similarly affected? Here again we are indebted to psychoanalysis, for it has shown us the subtleties and varieties of different ways in which each individual reacts to the mass of environmental influences.

We find that in the same family one child obtains love and security so that it can give up infantile attitudes for adult ones, while another will feel rejected and denied and will therefore retain the infantile attitudes since it cannot progress forward.

Sally, the youngest of four children, and the youngest of two girls, was adjudged a juvenile delinquent at 13 years of age because she habitually played truant, dressed up in boy's clothes and sold newspapers. This began at 10 years. Sally's sister was not a juvenile delinquent, did not attempt to play a masculine role, in fact she married at the age of 17 years. The two older boys offered no problem in behavior. Sketchily we may point out as a partial explanation of the differences in adjustment the following factors. The mother was a woman who favored the boys and who rejected the feminine role. Sally who was not at all pretty, was early in life, for the amusement of the family and par-

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ticularly mother, dressed in boy's clothes and was applauded for her imitations of boy's ways. Sally realized that mother loved the boys but rejected the girls; therefore, to obtain love from mother she early learned that she would have to be a boy. She was doomed to failure in her search for love from mother. Her older sister Charlotte had always been pretty, the same game was not played with her and from her good looks she had always obtained a great deal of gratification. However, her conflicts with mother led her to an early marriage.

In the literature on juvenile delinquency one frequently finds that attempts are made to distinguish between normal and abnormal juvenile delinquents. Statistics which are quoted, such as 55% for the normal juvenile delinquents are unconvincing because of the confusion in concept of what is normal and what is abnormal. Physical and mental disease and mental deficiency are assigned as the main evidences of the abnormal juvenile delinquent. However, is not more light cast on this question when we view the individual and his behavior as motivated by profound conflicts or by superficial factors and merely external influences, rather than establishing the distinction between normal and abnormal. The answer is found in the study of the total personality and its adjustment. Conflicts will of necessity be found in all juvenile delinquents. Jerry, we see, was motivated by profound conflicts. He did display a number of neurotic symptoms in which the law was not interested. What the law was interested in we are *forced* to view as neurotic symptoms. Were Jerry to solve his conflicts solely in terms of somatic and ideational symptoms we could call him a frank neurotic; the particular type to which he might belong would be determined by the character of the symptoms. Instead of this, Jerry mainly solved his conflicts and problems by acting them out in the world of realities and therefore we can group him with the Neurotic Characters.

Do all juvenile delinquents' acts represent conflicts with roots in the unconscious and are thus neurotic symptoms? The answer may well be in the positive unless adequate study shows otherwise. The important question, however, is, are the motivations for behavior in consonance with the demands of reality, or are they dictated by unconscious needs to satisfy infantile, unsolved problems of early childhood?

A common problem is that of the girl who deserts home, has sexual relations, and obtains support from the man or men.

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Flora at the age of 15½ was brought to the Children's Court because of a history of desertion and living with men in furnished rooms since the age of 12. A response to sexual needs of the type described here, we can feel is not a response to reality demands, at least in our society. Certainly not at the age of 12 and 13. Flora was an only child, of average intelligence, from a home whose economic status was definitely above the marginal level. Flora felt rejected by her mother and justifiably so. The mother was seriously ill after Flora's birth, and had to undergo a number of operations, including a complete hysterectomy. She resented Flora's birth and definitely indicated her rejection of Flora. The father was devoted to both. Flora, however, sensed mother's jealousy, and therefore was in continuous conflict with her since she was deeply attached to her father who did show her love. In deserting her home and living with men amongst other things she was carrying her *unconscious* wish to get rid of her rival, mother, and obtain her father, in the form of father substitutes.

An instance of another type may be cited in which the delinquent act can be considered as mainly determined by the external situation and to lesser degree by the needs of a delinquent pattern. This case was not studied by the writer but reported to him by a Children's Court worker. Jane at the age of 15 years stabbed her drunken father to death when he violently assaulted her mother. Jane had witnessed such scenes time and again and had herself suffered at his hands. Though he had been brought to court a number of times real relief had not been obtained. As we would expect, due to influences of the home, Jane showed a train of maladjustments. However, these were displayed in her neurotic symptoms but not acted out in delinquent behavior. One might well consider her act in killing her father as one of passion. This judgment is arrived at not by merely studying the external situation, but by a detailed study of the total personality.

The father who finds little time to spend with his children because of the incessant drive of business needs deprives his children of an important mainstay in their emotional life. The working man who is in dread of losing his job and thus losing his status in the family may display his insecurity through arbitrary attitudes and in turn affect the emotional lives of the children. One can quote many more examples of this type to show that no matter how helpful and well meaning the psychiatrist may be, he helps mainly after a situation has been created.

Essentially, the problem of juvenile delinquency is to be laid

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at the doorstep of society; for each society can be said to create its own criminals. Psychoanalysis can offer a profound understanding and a method of treatment. In the main, however, it is up to society to treat this problem. Psychoanalysis can treat only a limited number of individuals, but it can spread its knowledge and influence so as to effect a good measure of preventive work. Many can be treated individually. Corrective schools, if adequately subsidized, can operate in a therapeutic manner with all the personnel playing a therapeutic role. But emotional security, which is the bulwark against maladjustment comes from many sources. The socio-economic factors can be looked upon as providing security or not providing security in a much broader sense than simply that of dollars and cents. If we look upon these socio-economic factors as affecting the emotional and instinctive life of the individual, we can see that their importance is not to be readily discounted, but on the contrary, are of paramount importance.

BIBLIOGRAPHY

Aichhorn, August: *Wayward Youth*

Alexander, Franz: *The Psychoanalysis of the Total Personality* (Washington: Nervous and Mental Disease Publishing Co.)

Freud, Sigmund: "Character Types Met with in Psychoanalytic Work," *Collected Papers*, IV

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PSYCHOANALYTIC CONTRIBUTION TO SOCIAL WORK¹

THE reader who has little orientation concerning the nature and function of social work processes, may be interested in a short historical summary of the application of psychiatry to social work, since this came as an influx of such strengthening and enriching power that it is largely responsible for the extremely rapid development and maturation of case work as a profession during the last twenty-five years.

For some years prior to the giving of the first psychiatric courses in schools of social work, state hospital personnel in their care of mental patients found it very valuable to use home visitors. Case workers were selected to work under psychiatrists in State Hospitals, and with clinic or hospital patients in several cities in the east and in Chicago. Home visitors in some instances also were nurses well trained and experienced in the care of mental patients, who had through their relationships with mentally sick persons developed a very real sense of the emotional needs of people who were recovering from mental ills. Visitors of both professions were utilized in the community in investigating the family setting and resources for caring for patients who were about to be discharged from hospital care. Increasingly the case workers were used for taking histories and doing some follow-up case work with discharged patients in their homes.

Until 1918, in the schools of social work over the country, there

¹ Due to the brevity of the survey of the growth and extension of case work given in this chapter, it must be recognized that it has been far from inclusive, and that the very significant progress and development that has taken place in certain important areas of case work practice, notably Medical Social Service and the whole field of Public Welfare have been omitted entirely; while discussion of certain other areas of case work practice may seem to have been over elaborated at the expense of slighting others equally important. This, it should be understood, is due to the fact that the writer's purpose was to give some picture of the growth and extension of case work into ever widening areas of usefulness following the introduction of psychiatric and psychoanalytic concepts, particularly as revealed through the survey of kinds of problems handled by case workers alone, or in consultation with psychiatrists, and through some case illustrations of this. For this, the writer naturally turned to the material most familiar and available to her and this consideration alone guided the selectivity exercised by her.

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were no organized courses in social psychiatry. At this time, however, coincidentally with the end of the First World War, a seriously critical condition was caused by the many problems presented by the men discharged from the armed services suffering from emotional and mental disorders, and the dearth of trained personnel to assist the psychiatrists in caring for these sick people. In an attempt to meet this emergency a conference was called at which leading psychiatrists who were members of the National Committee for Mental Hygiene devised a plan for extending the education in the field of social psychiatry to include social workers. As a result of this meeting in the spring of 1918 the plan originated for the establishment of the Smith College School of Social Work for the training of case workers in the study and treatment of individuals suffering emotional upset or mental illness.

Early in 1919 the New York School of Social Work established its first course in psychiatric social work to extend the training facilities in this field, and shortly thereafter other leading schools of social work included in their curricula orientation courses in this special field. In this early period facilities for field work training were necessarily largely limited to mental hospitals or out-patient clinics. However, as early as the years 1919 to 1921 Child Guidance Clinics in which the unit set-up of psychiatrist, psychologist, pediatrician and case worker was adopted, were established by the Commonwealth Fund in nine different cities in the United States. These and two similar clinics established earlier in Chicago and Boston served to greatly increase the scope and value of training in psychiatric social work. The establishment of these clinics was a logical outgrowth of the emphasis which was beginning to be placed on work with children. Case workers in all fields were now becoming alert to the help to be found in increasing their adequacy and skills through the use of psychiatric consultation on cases and in cooperative work with Child Guidance Clinics, as well as in taking courses and seminars in social psychiatry. It is significant too that at the same time the lay community was becoming gradually oriented to concepts of "mental hygiene" through the generally expanding dissemination of information on the subject through popularized literature, lectures, etcetera, which in turn were stimulated by the recognition of progressive thinkers and educators of the importance of the progress being made in the fields of social psychiatry. This encouraged parents, troubled by problems their children were showing, to turn to child guidance centers for help in spite of the fear characteristic of lay attitudes at

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this time of any "queerness" or suspected emotional deviation from the normal in a family member. Whereas in the past such parents would perhaps have been unable to speak of their anxiety to any one outside of the home, or at most to bring this to their family doctor, now it became possible for them to turn to the group recognized as specialists in handling such disorders. This in turn helped of course to enrich the opportunities for experience and growing skills in psychiatric case work.

If one were to re-read the early programs planned for this extension of social psychiatric practice, one would find recurring emphasis on a program for prevention. This direction and focus of effort in the area of prevention was a most natural extension of the dynamics in the field of psychiatry, for in the study of adult persons who became mentally ill the history of their total personality development so often reflected evidences of earlier unadjustments, which were seen with increasing clarity as indicative of weakness in ego development leading to later breakdowns when external pressures became too severe. In exploring early experiences and relationships, the therapists—both psychiatrists and case workers—became more keenly aware of the dynamics in inter-familial tensions and the resulting conflicts so often unresolved in earlier years. These conflicts repeatedly showed themselves in later episodes of emotional and mental unadjustment.

It is only through the reviewing of such historical progress in even such a superficial way as the scope of this chapter permits that one becomes aware of the real interpenetration of the whole dynamics of psychoanalytic theory and practice as it has now become incorporated in the body of social work. The many fine contributions to our broader orientation in the sphere of interpersonal relationships made in papers and publications in the last twenty years by individual workers from both the psychiatric and social work field is tangible evidence of the integration of psychiatric and psychoanalytic theory and practice in case work; and of the advance in the understanding and ability to help people both more economically and skillfully in both professions.

Freud in many of his early writings outlined his rapidly deepening appreciation of the powerful instinctual drives found in the infantile period of a child's experience. His contribution in the areas of psychosexual and ego instinctual strivings has furnished us with a rich understanding of cause and effect relationships. These concepts form the basic material upon which psychiatric social work theory and practice was built. In our efforts, however,

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to develop more adequate techniques for effective treatment, it was found that the fundamental prerequisite involved was a continual broadening of our understanding of the purposiveness of the behavior of individuals. Actually, to a very large extent, this evolved realistically through the integrative process of theory in expanding practice. As we came more clearly to look upon behavior as only a symptomatic response to the needs and urgings induced in the individual as a result of his life experience, it became relatively easy to cease our effort to treat behavior manifestations specifically and to address ourselves to the treatment of the causes which are of primary importance. At the same time this led to a more keen recognition of the importance of understanding the mechanisms being used by the individual in the service of the economy of his personality. As we studied more deeply the problems of children and adults, one saw with the clarity that great experience may bring, the frequently recurring patterns of reactions which then could be more quickly identified and treated. As indicated earlier, Freud had interpreted his findings on the behavior of adult neurotics as mechanisms through which the unconscious needs of an individual were expressed in an unrealistic attempt to find a solution for his conflicts. In our work with children in the early days of child guidance, the importance of this concept as applied to children was continuously demonstrated. In those cases of children exposed to the insecure and anxious, or even fear-ridden relationships imposed by inadequate, emotionally unadjusted parents, we see the developing mechanisms so frequently found later in the misfits of society. Depending on the degree of more indifferent neglect or active hostility to which the child is exposed, as well as of the damaging experience of intense though inconsistent indulgence, we see the personality of the child developing neurotic trends or as the narcissistic, self-centered aggressive individuals who reveal little evidence of guilt in response to their asocial behavior. It is in this latter group of psychological patterns that we find the problem so frequently demonstrated in the individuals of the predelinquent and the delinquent group. Their object world made up of parents and parent-substitutes, to them is a hostile and deeply frustrating threat. Their normal early infantile libidinal urges to relate to parent people have been thwarted. So often in this group fixation on the early erotic levels represent their only available sources of gratification. Fortunately there are many other aspects of emotional

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difficulties which present themselves as being more easily accessible to therapy during the period of childhood.

Many behavior difficulties have been recognized as developing at intervals and then recurrently in the childhood experience. Familiar to the older generation is the phrase "your nose is out of joint" following the birth of a new baby. As the psychoanalytic insight penetrated the case work approach in the handling of early parent-child situations, more of these old phrases took on psychological significance. The frequent observations of regressive behavior in children displaced from the dependent libidinal relationship with the mother at the birth of a new baby defined more clearly the deep and very real conflictual struggle precipitated by the sense of loss of the mother. Libidinal deprivation, loss of mother love in the presence of the hated baby rival, the ego threats of displacement and the sense of rejection makes for an intensely painful readjustment for any child if he has not been prepared to meet this in terms of a sharing experience, in which he is identified with the mother in protection and care of the child.

A few cases may serve to illustrate the types of problems referred to above which form such a large part of the case load carried by workers in this field.

Tommy, aged three and one-half, was a manly little fellow. He learned to dress and feed himself as early as the age of two years. For more than a year he has been able to control his sphincter demands and quickly became very adequate in caring for his own toilet needs. He has always been a friendly, responsive child, eager to meet new people and situations without fear. He had never shown any fear of the dark—when put to bed, he complacently bid his mother goodnight and never wakened until morning. Following the birth of a baby brother, for whose coming he had been unprepared because his parents thought he was too young to understand, he showed a very definite change in his behavior. His disposition, formerly happy, was irritable and fretful. He cried, often displayed intense jealousy—wished to push the baby aside, fussed continually when the mother nursed or bathed the baby. When admiring friends paid attention to the rival he urged each one in turn to take it home with them. Along with the shift in attitudes, he quickly lost all of his former ability to care for himself. When dressing he would sit for a long time holding his shoe in his hand, begging that some one dress him. When he was urged to put it on, since he knew how to do it so well, he would cry and say, "I can't, I am only a baby." Baby talk which had never been

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used previously became ever present. He was unable to care for his toilet needs and soiled his clothing and his bed. Food habits which had been good were displaced by fads—he demanded his milk from a bottle, the way the baby had it. Sleep hitherto untroubled was broken by night terrors—from which he awakened screaming with fright and trembling with anxiety. He could not quiet down to sleep again unless he was taken into his parents' bed or unless some one would sleep in his room until morning.

The case worker who worked out the problem with the parents had full understanding of the cause and effect relationships in this behavior and with this psychological insight as a background for her interviewing with the parents, she was able to help them gain sufficient insight to handle the situation without finding it necessary to give psychoanalytic interpretations to them for each phase of the phenomena.

The regressive response to the traumatic threat of the rival's presence had produced regression to an earlier infantile level of satisfaction. Libidinal deprivation as the child felt it, led him to seek satisfactions through reviving early oral and anal gratifications, intensified and augmented by hostile and aggressive demands for parental attention. Parental displeasure and expressed dissatisfaction with his return to baby-life behavior only served to increase the inner psychic conflict for him. Extension of demands and further regression in his search for emotional sustaining finally precipitated the guilt and anxiety reflected in his night terrors. At this point, the situation and his response to it was completely beyond his control. Clinically the diagnosis of this symptom complex is an acute infantile anxiety neurosis. The treatment needed was an immediate release from the intense conflictual struggle in which he was involved. Through the parents' growing understanding of the issues involved and their resulting cooperative effort, it was possible to shift some of the more acute environmental pressures. For a period the baby's schedule was arranged so that it did not interfere with the older child's routine, a very simple procedure easily worked out by the parents. At this point the parents were relieved of so much of their anxiety that they were able to be permissive in their handling of the child's regressive behavior and gave complete acceptance to his need for help in dressing, eating, and toilet care, as well as his expressed hostility in relegating the baby to a role of relative unimportance. He became relaxed, lost his anxiety, ceased to be the cry baby and gradually regained all of his former ability to care for himself. The final

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acceptance of the baby as a brother whom he shared with the mother and father indicated the complete re-establishment of his ego and libidinal adjustment.

The disappearance of symptoms of unadjustment furnish a very reliable index of the adequacy of the case worker's treatment methods, when therapy has been directed towards the resolution of causal pressures and inner conflicts, rather than focussing on treating symptoms. So often parents, or some case workers with inadequate training or understanding of the dynamics involved, direct their efforts to stop behavior which they find annoying and thereby fail utterly in effecting any change; or in cases where manipulative attitudes are punitive and fear-provoking the ensuing conflicts for the child may result in a repressive control of overt behavior by the child, the bad actions cease, the child desists from continuing to behave in a way which the adults find unacceptable, but the inner psychic conflicts which caused the original outbreaks have been made more intense. The repression fails to control and through unconscious rechanneling of conflictual struggles new forms of behavior manifest themselves in symbolic forms utilized in substitution for the original patterns. One does not need to comment upon the fact that displacement and conversion symptoms are more complex, more deeply buried and therefore are more difficult of access in psychotherapy.

Another case illustrative of neurotic problems, which are more easily accessible to psychiatric or case work treatment, than other types of psychopathology, such as the pre-psychotic, psychopathic personality, is the following. A boy of twelve was referred because of his chronic tardiness at school. The family reported that the principal threatened drastic action unless they succeeded in curbing the boy's tardiness which constantly was becoming more serious. The boy described his difficulty at school in this dramatic fashion.

"My family has tried to help me and get me off to school a whole hour ahead of time, but if I get interfered with, I have to go back home and start all over again. I know if I am late I will be punished, but I just can't help it." Under questioning the pattern of his compulsive behavior unfolds. For more than a year, as he walked to school he had had to kick each curb stone corner when crossing the street. Any interruption of this ritual made it necessary for him to retrace his steps. If thwarted, his anxiety mounted even though he was afraid of the principal and the punishment that he might be exposed to. His only explanation threw little light, except to indicate that if he failed he must do this for

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"satisfaction." He knows that he is laughed at by other students because he comes in late. Before sitting at his desk, he needed to touch the four corners of the desk while standing. At home he said he had habits that make his mother "mad." Before eating he must take a small piece of bread and knead it into a round ball before he can take the first mouthful. Cajoling, persuasion or punishment, his father reported, have produced no results. In passing through doors, his father said, he must jiggle the doorknob, and the family have found no successful means of coping with any of this inexplicable behavior.

The case worker, in consulting the psychiatrist for help in handling this difficult problem, brought the following material as a result of her exploration into the situation, thus giving us an understanding of this compulsive behavior.

About a year ago, the father recalled that he had used many threats in his effort to assist the boy in controlling his masturbatory activities. Many threats of punishment, including a visit to the doctor and the question of operative procedure were used to curb his activity. The father recalled no cessation as a result of any of his threats of punishment, but he does remember an episode on a Saturday shopping tour when he and his son visited the butcher shop. As he entered, the father stated the butcher was occupied in cutting up chops for a customer. The boy screamed, cried uncontrolledly, and begged to be taken home. All efforts to allay his anxious panic were unsuccessful. A doctor was finally summoned and then through sedation, sleep was induced. The boy seemed anxious, tearful and very afraid and was kept at home from school for a week. In questioning, the boy has no memory of this incident.

During a number of psychiatric interviews this boy was helped to attain insight into his behavior. Interpretation was given of the symbolic meaning of his acts, in addition to help with bringing the painful material of the traumatic incident to consciousness. As a result the neurotic symptoms entirely disappeared, although it would not have been possible to accomplish this without the cooperation and understanding of the father, which was brought about through the treatment interviews with the case worker.

This case illustrates, as do many others, the relatively simple re-educational process made possible through the close cooperation of psychiatrist and case worker. Many cases, particularly in younger children, can be dealt with by the case worker alone, largely through a social manipulative re-educational effort with

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parents. In other cases including both children and adults, treatment on a deeper therapeutic level is carried by the case worker himself with periodic consultation with a psychiatrist.

One of the most useful and significant extensions of psychodynamic therapy is to be found in the change in treatment emphasis in the broad field of family case work. For the last ten years or more the cases carried by family agencies have been diagnostically evaluated and treated with increasing skills from the standpoint of emotional factors involved in the family constellation underlying the problems presented at the time of referral for agency care. During the initial interviews in which the burdened client tells his or her story, every effort is made by the worker to gain insight into the deeper causative factors underlying the personality problems of the client and his family as far as these are essential in clarifying the picture of the nature of the resulting ego structure developed by the client, in order to ascertain with some degree of predictability what his future responses will be both to reality pressures and to treatment. In this way it seems possible to many of the most progressive case workers in this country and elsewhere, to be of maximum help to the individual and his family in planning and carrying out treatment.² Here we see a broad basic application of psychoanalytic principles extended into the diagnostic thinking and the treatment planning areas. For the reader who is familiar with the variety of problems brought to a family agency for guidance and support, it is not necessary to indicate in detail the many-sided aspects which each case may present. Briefly one may say, however, that aside from the relatively few cases of normal individuals temporarily overwhelmed with extraordinarily difficult reality pressures, that every kind of psychopathology is found in *studying cases referred to family agencies*. These include neurotic children, as in the cases cited above, and neurotic and psychotic adults, as well as many instances of pre-psychotic children and psychopathic personality in individuals of all ages.

In handling such cases, obviously the burden of responsibility placed upon the case worker is very great in terms of the demands made on her understanding of the diagnostic and prognostic implications in these situations; and on her ability to adapt and direct this treatment in a way that will bring about the most helpful results for the clients. It has been the general policy in most progressive

² At this point, it is true, there are differences in approach and philosophy in this profession, as there are in the practice of psychoanalysis itself. Unfortunately it is not possible within the limits of this chapter to consider the nature of these differences.

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family case work agencies to consult with psychiatrists on the most seriously psychopathological cases and to refrain from treating such cases, except on a superficial environmental level, unless it is possible to obtain guidance and control of therapy on deeper levels by a psychiatrist. Often these more difficult cases are referred to a psychiatrist for direct treatment by him.

In apparently simple family situations presenting, for example, an economic crisis, caused by the illness of the wage earning husband; or even temporary financial stress until receipt of the allotment comes through following the husband's induction into the armed services, the case worker realizes that the acute anxiety of the wife may be covering deeper and more profound conflictual struggles.

In one such situation a woman who had lost her husband through the draft came to the Family Agency anxious and upset about problems of management. In interviews with the case worker, the latter, who saw that this woman's anxiousness had much deeper roots than the present situation, tried as skillfully and directly as possible without being threatening to the client to find what the nature of the real problem was. In the course of several treatment interviews some of the significant material that emerged was as follows: This young woman had lost her mother when she was 5 or 6 years old, and the ensuing difficulties that she experienced in working through her dependence on her father, who had had to assume both parental roles, were greatly augmented by his remarriage within the period of a few years. Having then never successfully worked through the Oedipal situation, she married when she was very young, hoping to find in marriage a compensation for her early deprivations and frustrations. She was very dependent on her husband and deeply mourned his absence when he was inducted into the Army. She was pregnant at this time, but negative in her attitude toward the coming child and obviously too emotionally immature for motherhood. Her earlier conditioning experiences caused her to regress when threatened by withdrawal of the emotional support her husband had given her, and she developed many symptoms characteristic of the conversion type of neurosis. The case worker's treatment in this case, clarified and implemented in consultations with a psychiatrist, was directed toward the objective of helping this woman see that she was reliving some of her earlier deprivational experiences, and utilizing her symptom formations as symbolic gratifications in an attempt to solve her conflicts. As she gained some insight into the mechanisms

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she was using as her defense against anxiety (inadequate though this was), she gradually became more realistic in her approach to her every-day problems, and the prognosis for further progress through treatment toward stability and a more balanced mature adjustment, was seen as good.

It would be possible to multiply indefinitely examples of the neurotic type of case, so well known to case workers in all kinds of family and child welfare agencies, which often are so rewarding to work with, in terms of their ability to take and profit by case work or psychiatric treatment. Obviously this is not always true, since severe cases of psychoneurosis, compulsion neurosis, etc., are sometimes extremely difficult to treat even through psychiatric or psychoanalytic therapy. However, for the most part it is with the neurotic group that the most successful case work therapy can be achieved in terms of actually helping an individual to become relatively more comfortable and adequate in his relationship with others; in handling his affairs more successfully, and in enjoying to some extent at least a happy and mature life experience.

With the psychotic or post psychotic client group, it is of course possible to do relatively little, aside from helping these individuals to accept institutionalization in state hospitals when the advisability of this is indicated; or in rare instances to help them through psychiatric or psychoanalytic therapy outside of an institution. In some instances too, it has been demonstrated that case work can help such individuals—through relationship therapy or a supportive kind of treatment—to sustain themselves in the community. In the rare case this has been done with what has seemed to be extraordinary success.

The group of clients who may be psychiatrically diagnosed as of "psychopathic personality" are well known to be of the most difficult and baffling type to handle therapeutically. Many hundreds of cases dishonorably discharged from military service serve to highlight the characterological pathology found in this group; and many of them find their way sooner or later to the open door of the family case work agency. Examination of their early histories reveals the recurrent early difficulties and behavior disorders reflected in their hostile denial of authority. One cannot say that this group are always the product of broken homes, although many grow up in family settings in which parental control is inconsistent, irregular and without real understanding.

The following case illustration may serve to high light the psychic

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traumas which may precipitate the kind of personality deviation shown by the psychopath.

Fred S. was inducted into service at the age of twenty-eight. The family background showed that his father, English by birth, emigrated to this country in his early twenties, had a common school education, worked regularly and earned a good living. His mother, two years younger than her husband, deserted the home when Fred was three years of age. He has been told that she ran off with another man. The boy was placed in a foster home through the father's efforts. He adjusted fairly happily in this setting, but the sudden death of the foster mother necessitated removal. At this point the father placed him in an orphanage where he remained until the age of eight. He was then placed by a children's agency in a foster home in the country. The foster parents were extremely fond of the boy, but were often distressed because they were unable to control him. From time to time he was returned to the orphanage because of his incorrigible behavior. Through the years several foster homes were used in an effort to assist the boy in working out his adjustment. He saw his own father very infrequently. The mother has never made an attempt to visit the boy since leaving him at the age of three. As a youngster Fred was described as sensitive, neat, friendly and inclined to be a show-off. He has been a nail biter all his life; enuresis continued until the age of eight. He has always been physically healthy, suffering from none of the childhood diseases. One foster mother reports at the age of eleven that he was incorrigible and showed "criminal traits." In this home he stole from the foster mother, lied to cover his thefts, spent his money on his friends and was impossible to control. He entered school at six and one half, continued school to the sixth grade when he was finally expelled at fifteen because of sex misconduct in the school yard. His work record is an irregular one. He married at the age of twenty-three, has two children, but has never regularly supported his wife. Following Fred's induction, the wife returned to live with her parents. Army life at first appealed to him, he expressed a desire to have special training in mechanics so that he might have a trade after the war. He made friends readily, but was often embroiled in arguments with his bunk mates. He showed surly response when given orders, and on one occasion got into a fist fight with his corporal. Following guardhouse discipline, he was returned to duty and within three days was reported absent without leave. He was picked up after three months and returned to camp. He claimed that he had gone

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to check up on his wife who had failed to write him and he had been concerned about a report that she was going out with other men. On return to camp he was surly, irritable and when sentenced for prison term for his misdemeanor, expressed deep resentment at the unfairness of the court's decision. Psychiatric examination revealed him to be of average intelligence, the personality problems reflected in his early history and which make him a poor soldier indicate the infantile quality of his emotional adaptation. Deprived of the opportunity to work out his object world relationships in his own family background, he failed to relate himself to parent substitutes. He never developed any emotional attachments that offered satisfying components sufficient to neutralize the self-centered hostile ego defenses which he developed against the world. He is without a sense of guilt, unhesitatingly projects the blame for his difficulties upon others and in his protected ego isolation is essentially inaccessible to any form of treatment.

This type of psychopathic case, had he had the opportunity for guidance and adequate case work care and supervision in the early years of life, need not have become a problem.

Child welfare work of the present day has incorporated in the practice, the psychodynamic procedures designed to meet the emotional needs of the deprived and destitute children for whose care they are responsible. The recognition of a child's need for security, a family setting with warmth, and acceptance of his needs to belong to a group, has led case workers in this field to utilize homes for child placement, rather than institutions, to a much greater extent than formerly. In some instances placement in a larger group setting may be seen as having more value for any given child because of certain specific factors in his situation, and in such cases an effort is made to find an institution which will meet his needs as adequately as possible.

The child placing agency, in its selection of homes, studies most carefully the emotional adjustments of the prospective foster parents in order to place children with people who are temperamentally fitted to meet their needs in terms which they can make use of in building ego strengths and stability.

If this kind of understanding case work handling had been available to a child deprived as Fred was of mother love and support, he might have been assisted in relating himself to the substitute parents. Continued supervision by case workers would have permitted more adequate handling of conflicts which arose in the growth process. Treatment of difficulties in the early stages clearly fur-

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nishes an assurance of more adequate prevention. This boy deprived of love objects, traumatized by loss of both parents as an infant, lost his second parental attachment through the death of the loved foster mother. The libidinal withdrawal of his parental objects led to a need to develop some protective defenses within the ego area of his personality. The depersonalized atmosphere of the orphan asylum augmented his hostile narcissistic ego formation. Placement in foster homes after the age of eight where the new parent substitutes failed to relate themselves to the child indicates the degree of damage already incurred in his adaptation. By the time the boy reached early adolescence, the hostile aggressive ego formation was well established, and by this time one sees little evidence of conflict or guilt.

It is at this point in early adolescence that so many children with similar personality difficulties become involved in conflictual struggles with parents, school teachers or officers of the law. Children's Court Clinics are filled with large numbers of predelinquent and delinquent problems which stem from unsolved and mishandled difficulties of the children in earlier years. Much has been written on this subject which reflects the possible preventive potentials if these cases are treated early. It is a sad commentary upon our failure to utilize this knowledge of prevention in early childhood when we see the increase in delinquency rates due to the many breakdowns in family solidarity during the present war period.

One of the most interesting extensions of the use of psychiatrically oriented case work in the present war is reflected in the ever broadening use of case workers volunteering their services to aid the Selective Service groups by preparation of case histories of men who are called to induction centers for examination prior to their entrance into the armed services. This service rendered to the examining specialists assists in the more effective elimination of men who are unfit for service because of their recognized inability to make adequate adjustment to army life, although it is not possible for these workers functioning under such pressures and in the limited time available for interviewing, to detect all of the potential cases of breakdown.

The use of men case workers who have been inducted into the armed services as assistants to the psychiatrists functioning in Mental Hygiene Units in the replacement training centers, base hospitals, prison camps, reconditioning centers and other branches of army and navy activities wherever psychiatric personnel are called upon to care for men who develop mental disorders in line of duty, is

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another of the timely and tremendously important areas in which the case worker's skills are now being utilized.

Out of the pressures of activity in Army Mental Hygiene Units, there has been developed a technique of accelerating the interview process in which the case worker obtains more quickly essential material for use in determining diagnosis and treatment direction in the case. It is of real professional interest to compare this with the methods used by case workers in civilian practice which have also been developing in the direction of quickened approach to the central problem of the client. In the army, due to the even more intense pressure of time, the need for further "streamlining" this method of approach so that the worker can get at the heart of the problem within one short interview, indicates the possibility of the real contribution to developing skills in interview techniques that may come out of this experience for application in all future case work practice.

The psychological factor which makes army psychiatric social work processes somewhat more simplified, can better be understood if one realizes that each man who breaks in the service, or shows evidence of instability, at once becomes the source of concern of commanding officers, line officers and medical personnel. Army life, with its displacement of the man from his normal functional relationship to family and community, tends to intensify pre-existing emotional problems of unadjustment and the pressures and threats, with all of the traumatic ego and libidinal implications for the man, often render him more inaccessible to contact. In the organization of historical material, information which is a matter of record, can be gathered from civilian sources. Past medical records, histories of social behavior, early patterns of delinquent difficulties, work records and evidences of social unadjustment furnish the background against which a diagnosis can be immediately geared into a treatment plan. The dynamic evaluation of a man's personality structure involves an assaying of the strengths and weaknesses which he shows. Here the worker is afforded the opportunity to check in a realistic fashion all of the individual's adaptative mechanisms which he has utilized in earlier civilian experience, such as inter-family relationships, school adjustments, community and work adaptations against the known environmental pressures of his specific army assignment. For the trained psychiatric case worker, information of this sort permits of a sound interpretation of the meaning and purpose of the individual's conscious and unconscious drives. Through the symptomatic behavior

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demonstrated in the individual's ability or inability to adjust to army routine, it is possible to equate the strength of his instinctual drives and the directions toward which these drives have been channeled. Here we see an opportunity to evaluate a soldier's emotional and psychic ability to accept reality of a very specific nature. Here he demonstrates many of his conflicts and former adaptative mechanisms of behavior under the pressure of regulatory and group organization. In this very special setting, the worker is able to obtain a fairly reliable index of the man's emotional maturity and when the conduct of a man indicates deviation from the patterns of emotional stability reflected in anxiety attacks, guilt reactions, depressive episodes, outbreaks of aggression and other symptomatic responses, the worker is furnished with an index to the deep unconscious mechanisms utilized in the man's total personality adaptations. An interpretive summary of such findings assists the psychiatrist in determining whether the soldier is capable of remaining in the service or whether his emotional difficulties are sufficiently severe to make treatment and "rehabilitation" with possible reassignment in service impossible. The extension of this area of function should lead to a very considerable broadening of the scope of psychiatrically oriented case work in the handling of the post-war demobilization plans. The large incidence of breakdowns with neuro-psychiatric problems, indicates the sizeable task ahead of us and with the knowledge of the effects of army service upon the emotional life of men, there is a real need for a constructive program for "rehabilitation" of those men who have not broken in service, but who will carry the impact of the psycho-traumatic effects of warfare back into their civilian lives.

In this brief summary of case work as it has grown and developed during the last quarter of a century, with the implementation of psychiatric and psychoanalytic concepts seen as perhaps the most highly important factors in this group, I realize that it has been impossible to do more than indicate most superficially what has actually been taking place in this field. For the reader interested in carrying his understanding of case work practice further, I recommend the appended bibliography.

BIBLIOGRAPHY

- Alexander and Staub: *The Criminal, the Judge and the Public* (London: George Allen & Unwin Ltd.)
Amer. Ass'n of Medical Social Workers: *Some Aspects of Social Case Work in a Medical Setting* (1940)
French, Lois Meredith: *Psychiatric Social Work* (New York: Commonwealth Fund, 1940)

PSYCHOANALYSIS TODAY

- Gartland, Ruth: *Psychiatric Social Service in a Children's Hospital* (University of Chicago Press, 1937)
- Gillespie, R. D.: *Psychological Effects of War on Citizen and Soldier* (New York: W. W. Norton, 1942)
- Hamilton, Gordon: *Theory and Practice of Social Case Work* (Columbia University Press, 1940)
- Healy and Bronner: *New Lights on Delinquency*
- Heath, Esther: *The Approach to the Parent* (Commonwealth Fund, 1933)
- Hollis, Florence: *Social Case Work in Practice* (Family Welfare Association of America, 1939)
- Lee and Kenworthy: *Mental Hygiene and Social Work* (Commonwealth Fund, 1931)
- Levy, David M.: *Maternal Over-Protection* (Columbia University Press, 1943)
- Lowry, Fern: *The Client's Needs as the Basis for a Differential Approach in Case Work Treatment* (New York: Family Welfare Association of America, 1936)
- Lowry, Fern (Edited by): *Readings in Social Case Work* (Columbia University Press, 1939)
- Swift, Sarah H.: *Training in Psychiatric Social Work* (Commonwealth Fund, 1934)
- Towle, Charlotte: *Social Case Records from Psychiatric Clinics* (University of Chicago Press, 1941)
- Wilmer, Helen Leland: *Psychiatric Clinics for Children* (Commonwealth Fund, 1940)
- Proceedings of the National Conference of Social Work* (Columbia University Press)

PERIODICALS

- American Journal of Orthopsychiatry* (George Barton Publishing Co., Monasha, Wisc.)
- The Family*, Journal of Social Case Work (Family Welfare Association of America, New York)
- Social Service Review* (University of Chicago Press)
- The Survey* (Survey Associates, Inc., 34 North Capitol St., East Stroudsburg, Pa.)

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MENTAL HYGIENE

SINCE its inception as a "movement" only slightly more than a generation ago, the "mental hygiene idea" has undergone a process of evolution through progressive clarification and conceptual stock-taking scarcely paralleled in the history of humanistic thought. There is no better index of this radical evolution than the fact that having originally staked out its claim in the area of the prevention and treatment of mental disease, the "mental hygiene idea" (we call it an "idea" since, as it will later become clear, its essence cannot be compressed to fit any particular movement, program or set of procedures) has gradually infiltrated into and assumed a growing importance in every aspect of life where human beings and their values are taken into account.

This is a big order; yet it is clearly apparent that the psychological ills of mankind have at long last made the front pages, as it were, and that the engineering of human needs, resources and potentialities appears belatedly to be gaining the attention hitherto reserved for the machine. Certainly the war has brought home to a shocked and startled world community facts about the mental health of the citizenry and its leaders that can no longer be regarded simply as a disturbing rumor, as the exaggeratedly dour misrepresentations of the professional psychiatrist or the academic laments of the humorless statistician. To people everywhere it has brought the disturbing realization that they cannot go on forever lulling their anxieties in a world of today by dreaming of the plastics and push buttons and wings and washing machines in a world of tomorrow; that they had better get to know something about the anxieties from which they are perennially escaping into illness, the compulsive pursuit of trivia and war; that it is perhaps high time for parents, educators, legislators and other custodians of public property to learn at least as much about their jobs as veterinarians are required to know about theirs; that mental hygiene is the most pressing necessity of the world today.

Mental hygiene is not a set of abstract notions, nor is it a set of principles or vague generalities to be taken out of the ether of platonic ideas and applied on request to a given person or situation in order to produce an expected result. Essentially it is a

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frame of mind, and it exists only in so far as specific persons are specifically conscious of its importance in whatever they are doing, calculating, planning or investigating. It is a point of view influencing the thinking and actions of an increasing number of people of differing pursuits and professions who have at least the one common goal of promoting the conditions for a more satisfying human life. As a point of view, it is composite rather than simple. Manifest and diverse in its origins, at any one moment it can be perceived to be changing in breadth and depth as the facts, observations and theories from which it has been derived and on which it continues to nourish, themselves undergo change, modification and elaboration. So much for the question that has stalked the development of mental hygiene ever since the term came into use: "Is there such a *thing* as a mental hygiene?"

Coming into effective being somewhat later than the body of data springing from the early psychoanalytic investigations, mental hygiene has—with an understandable lag—paralleled the conceptual evolution of psychoanalytic thought in a way that demonstrates clearly the direct, inseminating influence of this thought upon its direction and growth. Early in the evolution of mental hygiene toward its current position came the recognition that mental disease, at that time its exclusive preoccupation, was not a pathological entity in the sense that cholera or cancer can be comparatively considered as such, was not something that happened to or in an individual according to any of the then known processes of medical pathology, but was in some way related to or was an expression of the individual's inability to surmount, alter or successfully adapt to difficult or disturbing conditions of life. In this point of view, the "maladaptability" ascribed to the individual was still regarded in the nature of a defect not far removed from the vague notion of "constitutional inadequacy" which was at the time, and still tends to be, a thinly disguised version of the concept of original sin. Such a maladaptability was a social problem only out of charity or necessity, not because of any awareness of social complicity in its causation. Nevertheless in the advance from the predominantly physico-biological to a psycho-biological formulation of mental disease, the possibility of observing relevant data was tremendously facilitated.

The second step in the evolution of the mental hygiene point of view was again directly influenced by psychoanalytic discoveries. It was the growing awareness of the fact that this so-called maladapta-

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tion had a history in the stages of development of the individual, that it represented the end result of a progressive series of attempts on his part to surmount or adapt himself to difficulties which originally were encountered in infancy and childhood in relation to the important family figures upon whom he was still biologically dependent, and later incorporated into his very character structure or way of thinking, feeling and behaving in so far as he appeared later consistently to encounter similar difficulties wherever he went and in relation to whomever he was called upon to deal.

A theory adequate to describe these things in terms satisfying to all the data we have at hand has still not been formulated, but once the initial psychoanalytic concept of the *transference neurosis* had been elaborated, a study of the ways in which the early conflicts of the individual became internalized and incorporated into his character structure provided an expanding framework for the investigation of the so-called normal personality in all its aspects. From such study it became more and more apparent that there was nothing in the patterns of thought and behavior characteristic of mental illness that did not have its counterpart in the range of expression of personality structures considered normal and even valuable and admirable in the home, the school, industry and society in general. Such personality expressions as talents, hobbies, penchants, prejudices, ambitions and choices of career, philosophical and artistic predilections, annoying foibles and endearing eccentricities, turned out to be derivatively related to the same kind of conflicts and anxieties as the phobias, compulsions, hallucinations and delusions of the mentally ill; and such qualities as intellectualism, sense of duty, excessive neatness, righteousness and religiosity, to mention but a few, often regarded by parents as evidences of excellence or virtue in children, were found to be not infrequently the first signs of the development of mental illness. It was soon perceived from such study, moreover, that even physical illness, its genesis and course, was as intimately related to the character structure of the individual as it was to the bacteriological and other physical causes formerly regarded as the sole source of disease.

The development of the concepts having to do with the genetic and dynamic aspects of the unconscious and their importance in individual and group behavior, represents the fundamental contribution of psychoanalysis to humanistic thought. From the standpoint of public health, it provided a possible approach to the problems of young and adult life by its emphasis on the overwhelming significance of infancy and childhood and by enlisting the

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interest of parents, educators, pediatricians, social workers and others in preventative medicine and psychiatry. Nevertheless, it soon became clear that the practical problem of the application of this knowledge to the improvement of the health and happiness of the multitude of individuals in the community at large was still as formidable as ever. The prospect of producing by simple preventative psychiatry a generation of several hundred million well-adjusted souls, each individually well integrated, capable of looking out for himself and yet healthily oriented toward the promotion of the social welfare (whatever, indeed, that was or was to be) remained discouragingly poor, if not absent. Obviously, an extension of the working concepts of mental hygiene had to be looked for in the direction of viewing the individual as functionally part of a group and adjusting our normative concepts of behavior and mental health to include the group and its values and dynamisms not only in its aspects as a plastic field of individual expression but as a charged generator of these expressive needs as well.

The simplest field for the observation of data proper to an enquiry in which the social variable can be studied without undergoing too obvious distortion through errors of crude or insidious socio-political, personal unconscious or other specific methodological biases, is the family—that is, the family now studied on a current cross-sectional level as well as from the standpoint of the historical development of its individual members. The data for such studies is particularly latent in the methods and material of social case-workers in the family sphere whose focus includes all the interacting members of the family as that group functions in a particular community. It may be fairly said that the most fruitful procedures for study and the most productive methods for the collection and interpretation of data in this field evolved progressively from the gradual absorption by social workers, through personal analyses and didactic instruction, of the psychoanalytic point of view. Nowhere better than from data thus compiled and processed can be seen the social aspects of mental and physical illness, delinquency, criminality and other varieties of unsatisfying and unsatisfactory human functioning. Here it can be clearly seen how often the good “mental health” and physical well being of parents, in so far as they may individually enjoy a temporarily self-satisfying psychological equilibrium, is predicated on a sort of imperialistic exploitation of the children; how often the distortion of one child’s personality is largely an accident of his position in relation to the development of his siblings; how certain behavior

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in one parent is influenced by the characterological structure of the other operating through the intermediacy of a child or an in-law; how many "stable" marriages are stable only by virtue of the chronic illness of one of the partners; how the onset and development of a schizophrenic or menopausal or arthritic disorder is not simply the individualistic unfolding of a predetermined blueprint but part of a living context of who does what to whom; how pubertal changes in a child affect the domestic and community behavior of the parent; how the developed family patterns are related to such things as senescence and suicide; how integrally a part of the possibilities for the education, training, guidance and therapy of any individual is the group in which he is functionally imbedded. One comes to see, in short, that when behavior is viewed through the social filter, far from there being any such thing as an illness in an individual, there is no such thing as an individual except as he represents, functioning now in this situation and now in that, a fluctuant and variable abstraction of a group to whose members and to whose modes and values he has such and such an historically conditioned relationship.

None of the observations or working concepts deriving from such a manner of study invalidates in the slightest any of the fundamental facts or working hypotheses of psychoanalysis (indeed, the data of family casework frequently makes very little sense in the absence of these hypotheses); it merely leads to their application in a dimension more easily observable and operable by workers whose tasks and methods of going about them differ in specific ways from those of the psychoanalytic therapist. The latter works with the individual in a higher degree of abstraction than the former and hence utilizes formulations in which it is convenient to regard the individual largely as a function of the intrapsychic conflicts and the resultant characterological and psychosomatic crystallizations that have evolved according to the dynamic internal relationships of the individual as a unitary system—the so-called "organism-as-a-whole." The social worker finds that once the limits of function of the dominant patterns of this "organism-as-a-whole" have been evolved, or as they evolve, they exhibit a range of reactivity and possibilities of transformation from one form to another or from latency to actuality that can most conveniently be described in terms of the *family* as a kind of "organism-as-a-whole" and with its internal relationships the more significant focal plane.

On this level, workers in mental hygiene enjoy a potentially fruitful reciprocity with representatives of disciplines in which the

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individual and the family itself are viewed as abstractions of varying degree and kind: educators, public health officers, sociologists, ministers, officers of the law, etc. Each of these, as well as others working in fields directly or obliquely related to humans and their problems (economists, climatologists, industrial engineers, architects, nutritionists, etc.) has something to add to and something to learn from the expanding, changing body of facts, theories, observations and empirical lore constituting what we call mental hygiene.

One should not get the impression from this that the hope of mental hygiene lies in achieving certain vague, general results by putting to use a little of everything from everybody and proceeding enthusiastically forward like a bond drive. From the sprawling literature of mental hygiene one does sometimes feel that a too eclectic optimism is discouragingly in evidence and that there is a marked tendency for dynamic phraseology to take precedence over dynamic psychology. Nevertheless, as we come in again from the periphery toward the center of growth of the movement, the tasks as well as the hopes of mental hygiene begin to take shape and direction around the dipolar nucleus of psychoanalysis and sociology which, as methodologies, continue to evolve as they always have, through a crude hand-to-mouth empiricism.

One of the difficulties inherent in the very nebular quality of the mental hygiene movement is that just as its tributary methodologies are diverse, so are its biases manifold, insidious and difficult to appraise. Whether it focuses on the individual or begins to transcend the individual in his simpler integrations (like the family) and to select for its data the dynamisms and mechanics of society itself, there is always a tendency for vested interest from one source or another to try to dominate the ideological trends in the field. There is, first of all, the vested interest of current society itself that does not easily permit the free, objective development of insights which run counter to its established values and its entrenched tendencies to use the individual for its own purposes. Broadly speaking, this is not solely anti-humanistic or anti-progressive or anti-psychoanalytic—it is anti-everything that is disturbing to its own predicates and directional tendencies, and it operates by the simple expedient of automatically, if subtly, incorporating or writing into every definition, every normative concept and every observation, in one form or another, the very assumptions it seeks to rationalize and perpetuate. This inherent tendency which is found in all aspects, including the scientific, of any complex integra-

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tion like a "culture" or a "society" at any moment of its being, acts self-preservatively, as it were, and leads to a viewpoint in which any "aberrant" individual or grouping of individuals is regarded as a foreign body and a menace. In the psychiatric and the social sciences, and particularly in mental hygiene, this tendency leads to a state of affairs in which it is sometimes difficult to distinguish between science or propaganda.

A dialectic variant of this process expresses itself in counter-movements in which psychiatry, sociology and other disciplines become part of the very language of protest developed by the emergent forces of opposition. Here too, under the aegis of "healthy criticism," "sound thinking" or "more modern points of view," vested interests enter the lists of controversy to vanquish propaganda not with truth, but with counter-propaganda. The difficulty under the circumstances is that both tendencies tend to find in the personnel of the mental hygiene movement spokesmen whose goals are less investigative than political and whose methods fall short of objectivity. All this is unavoidable, perhaps valuable, but it certainly breeds a great deal of confusion when some workers use a term like "security" in connection with an infantile relationship to the mother and others make it synonymous with old age insurance. Then there are the semanticists who feel that security can be automatically guaranteed provided we were simply to make up our minds which "security" we are talking about.

Psychoanalytically viewed, these tendencies can be regarded as deriving at least some part of their energy from the forces perennially opposing any attempt on the part of man to scratch the surface of his inner life. This resistance, presumably, will always be in effect, will always take new forms and will always find spokesmen for a "new" point of view which again and again will attempt to deny the reality of the deep, unconscious forces in man's little understood nature. For man's dark and sometimes terrifying instinctual life, more acceptable substitutes will always be sought and always be found—if not neurones, or "culture" or "Aristotelian misidentifications," then something else.

Psychoanalysts are not immune from the vested interests and deep resistive forces which influence the thinking of their contemporaries, and there is nothing in psychoanalysis which automatically guarantees to its devotee that the consideration of truth shall be placed before all else. Nevertheless, of all the studies which contribute to the mental hygiene movement, it is only psychoanalysis that has the opportunity continually to rediscover

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and reaffirm those fundamental truths about man that mankind has taken so long to learn and seems so quick to forget, those truths without which any mental hygiene for humankind is doomed to attrition and failure.

BIBLIOGRAPHY

- Davis, Kingsley: "Mental Hygiene and the Class Structure," *Psychiatry*, I, No. 1 (1937)
- Frank, Lawrence K.: "The Reorientation of Education to the Promotion of Mental Hygiene," *Mental Hygiene*, XXIII, No. 4 (1939)
- Lee, Porter R., and Kenworthy, Marion E.: *Mental Hygiene and Social Work* (New York: The Commonwealth Fund, 1931)
- Lewis, Nolan D. C.: "Perspectives on the Mental Hygiene of Tomorrow," *Mental Hygiene*, XXVIII, No. 1 (1944)
- Mental Health*, Publication No. 9 of the American Association for the Advancement of Science (Lancaster, Pa.: The Science Press, 1939)
- Stevenson, George S.: "The Dilemma of Mental Hygiene," *Papers from the Second American Congress on General Semantics* (Chicago: Institute of General Semantics, 1943)

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DEVELOPMENT OF THE EGO-PSYCHOLOGY

THE structural and dynamic approach to the actually observed mental processes has in the last ten years undergone a rapid development. From 1921 on we can speak of the evolution of a new analytic ego-psychology. A deeper investigation of the fundamental processes of repression was the starting point of this new development. The central problem became: which psychic factors are responsible for repression and how does this process take place in detail? It soon became evident that fear is the motive power behind all repression. Characteristic of this fear, however, is the fact that it is by no means a rational or entirely conscious fear of external and actual danger, but an inner fear which appears in consciousness as a guilty conscience. This phenomenon is most satisfactorily described by saying that one part of the personality exhibits fear of another part, which in ordinary language is called conscience, and that repression serves to avert this fear-reaction. In other words, those mental tendencies, wishes, longings, ideas, are excluded from the conscious personality as would arouse self-condemnation if they entered consciousness, for this self-condemnation is associated with fear like that experienced in the face of real danger. The historical investigation of the repressed tendencies has shown that those are apt to arouse a guilt-conflict which at some previous time, usually in infancy, had actually caused the individual pain, parental punishment, or contempt. The fear of the parents thus becomes embodied in the fear of one's own conscience. The assumption was inevitable that during development a part of the personality assumes the attitude, opinions, and judgments of persons in authority, usually of the parents, and this embodiment of the parents now assumes the same attitude toward the rest of the personality as the parents previously manifested toward the child. This process of identification with the parents and the incorporation of their image into the mental apparatus is the process which we usually call adjustment to the social environment. One part of the personality accepts the code of education and becomes a representative of the demands of society, and this part Freud called the super-ego. It is important to realize that not the whole of the personality participates in social adjustment

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and that even in normal persons there is a steady and permanent tension between the original, non-adjusted, instinctual tendencies, and the restrictive influence of the super-ego.

The existence of the super-ego explains how in every form of civilization there is a self-regulating or self-restrictive force in individuals which is indispensable for social order. If an internal code of law such as the super-ego or, to use the more popular expression, the conscience, were not present, social order could only be secured by assigning to every citizen a policeman to make him conform with accepted social behaviour. Social behaviour is by no means enforced only by fear of external punishment; there is also in every adjusted individual a restrictive force, which in the course of development becomes more or less independent of external reinforcement, such as admonition and threats of punishment. On the other hand, it also became evident in the light of psychological analysis that the inner assimilation of social prescriptions is limited to only a few, very fundamental regulations. Without fear of punishment, the majority of people would behave less socially than they actually do, for the super-ego does not entirely replace real persons in authority.

The only way to test empirically which non-social tendencies are controlled by the internal restricting functions of the super-ego and those which must still be controlled by a police force would be to make the impossible experiment of abolishing all punishments. A statistical investigation as to what kinds of crime and unsocial behaviour increase under these circumstances and what criminal tendencies no longer need external control would furnish a criterion of the degree to which the man of today is essentially adjusted to the requirements of collective life. From psychoanalytic experience it could be predicted with some degree of probability that in our present civilization only cannibalism, actual incest, parricide, and fratricide would not increase, even if there were no punishment for these crimes in the penal code. These non-social tendencies, though manifest at the beginning of man's development, are repressed in contemporary civilization so successfully, that there is no danger of their actual realization. Cannibalism, for example, no longer needs the special prohibitions necessary in some primitive civilizations, for it is deeply repressed, although unquestionably existent at the beginning of every one's development.

Whereas the normal individual is able to domesticate and modify his unsocial, instinctual tendencies, the psycho-neurotic remains

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more firmly fixated to them. The way which the neurotic chooses for the solution of his conflict between repressing and repressed non-adjusted mental forces is a substitution of fantasy for the actual realization of his wishes, though not even in his fantasy can he express directly his non-adjusted tendencies, since the conscious, adjusted portion of his personality denies their existence. The outcome is a disguised fantastic expression of them in psycho-neurotic symptoms.

Furthermore, the investigation of dreams has shown that even in normal persons unconscious remnants of non-social tendencies are at work, for the often unintelligible and senseless dreams of adults are disguised expressions of tendencies rejected by the adjusted part of the personality. Consequently dreams can be considered the neurotic symptoms of normal persons. In any case the dynamic basis of dream-formation is identical with that of neurotic symptom-formation and, in fact, the technique of dream analysis has proven to be the most delicate instrument for the investigation of the dynamic interplay of repressed and repressing mental forces. This microscopic research into symptom- and dream-formation has led

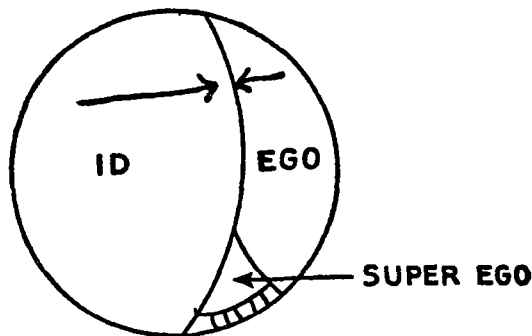


FIGURE 1

The shaded portion of the section, which represents the super-ego, expresses the fact that the super-ego in a fully developed personality has lost its connexion with external reality. It is more or less rigid and has sunk to the depth of the personality. It is consequently to a high degree unconscious.¹

¹ In my book, *The Psychoanalysis of the Total Personality*, I proposed a distinction between the entirely unconscious super-ego and the conscious ego-ideal. The latter contains those specific values acquired in later life and which are the conscious directing forces of conduct. This distinction was accepted by many psychoanalysts, but it seems to me questionable whether one should consider the ego-ideal more closely connected with the super-ego, as its continuation in the consciousness, or more allied to the actual ego. This could be expressed by the following diagram:

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to a kind of stereo-psychology, for it has developed a concept of the structure of personality and has reconstructed intrapsychic processes which go on between the structurally differentiated parts of the personality. We can distinguish three structurally differentiated parts of the mental apparatus:

(1) The inherited reservoir of chaotic, instinctual demands which are not yet in harmony with each other nor with the facts of external reality is called, on account of its impersonal quality, the id. (2) The ego is the integrating part of the personality which modifies and, by a process of selection and control, brings the original tendencies of the id into harmony, excluding those the realization of which would occasion conflict with external reality. (3) Finally, the third part of the mental apparatus, the result of the latest adjustment, is the super-ego which embodies the code of society. Naturally this code is dependent upon the social environment and differs according to the cultural *milieu* in which the individual was brought up.

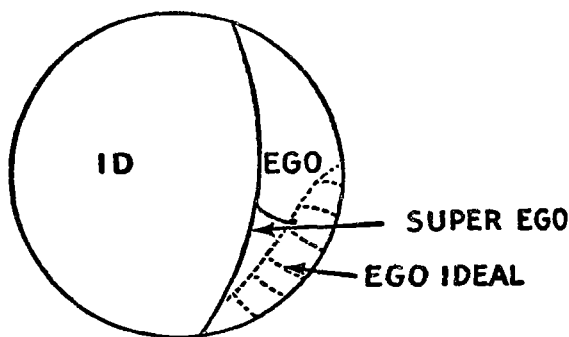


FIGURE 2

The dotted line expresses the fact that the ego-ideal is not a completely separate unit, since it is hard to differentiate between conscious values, ideals, guiding principles and the rest of the ego. On the other hand, it is also difficult to make a sharp distinction between the entirely unconscious, almost automatic influences of the super-ego and those more or less conscious ones which direct our decisions and general conduct.

It may sound paradoxical that our knowledge of the conscious ego is far behind what we know about the nature and functions of the id, and especially of the super-ego. It sounds paradoxical because the ego is the part of personality of which we are constantly aware, and is the part which we think we know and feel as our actual personality. Perhaps, however, just this nearness to it is

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one of the reasons which makes its scientific investigation so difficult. The difficulty of understanding the ego with the help of the ego was expressed in older philosophical treatises by such metaphors as "It is impossible to cut a knife with a knife." Psychoanalysis, however, is not an introspective method, although it has to utilize introspection in understanding the personalities of others, because in psychology the presupposition of all such understanding of others is a knowledge of our own mental processes. The nearness to one's own personality is therefore undoubtedly one of the obstacles to an objective description of the functions of the ego.

This difficulty can easily be observed in clinical experience. Patients often admit without great resistance objectionable tendencies which the psychoanalyst shows them are in their unconscious and outside their actual ego. Just because these condemned and repressed tendencies are outside the actual personality they can be admitted, and the patient can comfort himself by saying: "These strange things are in my unconscious, but not in me, i.e. not in the part of my personality which I feel to be my ego." The real conflict arises only after the unconscious tendencies begin to enter the ego and the patient begins to feel them as part of his actual personality.

Another reason that it seems paradoxical for our knowledge of the ego to be less advanced than that of the unconscious parts of the personality, is that the ego is far more complicated and advanced in development than the id, which is a reservoir of the primary forces, or than the super-ego, which is a kind of complex of highly differentiated conditioned reflexes and reflex inhibitions.

What can be said with certainty about the ego is that it is a formation of two perceptive surfaces, one directed toward the instinctual life (inner perception), the second directed toward external reality (sense perception). One main function of the ego is to confront the facts of inner perception with the results of sense perception, i.e. to bring subjective demands in harmony with the external circumstances. Its tendency is to find satisfaction for as many of the subjective needs and wishes as possible under existing external circumstances. The conscious ego is the most plastic part of the mental apparatus, since it can adjust the behaviour at any moment to a given situation, in contrast to reflex and automatic behaviour which is fixed and predetermined in a much higher degree. Automatic reactions are rigid and adjusted to certain stimuli, and so cannot adjust themselves to a sudden change

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in the external situation, whereas the ego has the capacity of performing adjustments of *ad hoc*.

The functioning of the whole mental apparatus can be described approximately as follows: Instinctual needs and tendencies arising in the id tend to become conscious because the conscious ego controls the motor innervations on which the satisfaction of the needs is dependent. A great part of the instinctual demands becomes immediately conscious and finds its acceptance or rejection after a process of conscious deliberation. This deliberation involves an estimate of the external situation and a comparison of the inner demand in question with other conflicting tendencies present in consciousness. For example, if some one had to decide whether he really wanted to attend a lecture or go to a theatre, there would be a conscious conflict which could be solved by a conscious judgment. Such tendencies and conflicts, however, have nothing whatever to do with repression. In such a case one desire is abandoned because it is incompatible with another more important. Repression, however, is a function which excludes certain tendencies from becoming conscious. It only occurs in cases in which the mere existence of a wish, irrespective of its realization, would cause an unbearable conscious conflict. To mention only one typical example, hostile feelings against a benefactor would tend to be repressed because they destroy our good opinion of ourselves. Similar non-social tendencies, to which the susceptibility of different individuals varies on account of the differences in their infantile

CONSCIOUS CONFLICT

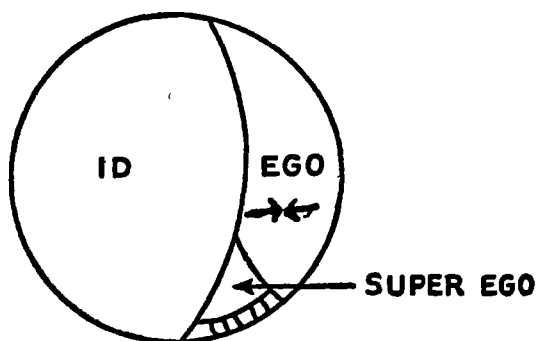


FIGURE 3

Unconscious Conflict

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experience, are inhibited even before they can become conscious. Repression, in contrast to conscious rejection, is a process of inhibition which arises on a deeper level of personality—somewhere on the borderline between id and ego—and saves the conscious personality from becoming aware of a painful conflict.

It is obvious that such an unconscious inhibiting process presupposes a kind of unconscious inner perception which leads to automatic, almost reflex inhibitions, similar to a conditioned reflex. This unconscious censoring function we ascribe to the super-ego. Repression is consequently based on a kind of unconscious censorship which reacts automatically to unacceptable tendencies. Although this process appears to us as a kind of unconscious selective judgment, which excludes certain definite tendencies from consciousness, nevertheless we have to assume that it operates schematically, is incapable of subtle differentiation, and reacts uniformly to certain emotional factors in spite of their actual and sometimes important differences. It is comparable with a conditioned reflex rather than with a deliberate judgment. To cite a trivial example, the repression of the first incestuously tinged sexual strivings of the child establishes a general pattern of sexual repression which persists in later life, so that at the reawakening of sexuality in adolescence, there is a general timidity and inhibition. The sexual impulse, although it has now lost its manifestly incestuous character and is directed to acceptable exogamous objects, suffers from the intimidations of the childhood. The super-ego lacks the capacity of making finer distinctions, and represses sexuality in general without being able to recognize that the object of striving is no longer the same as in childhood. The well-known picture of the adolescent as shy and inhibited shows the result of this automatic process of restriction. In short, repression is always exaggerated and involves tendencies which the conscious ego would not reject if they became conscious. This important automatic and over-severe inhibiting function of the super-ego appears as one of the most general causes of psycho-neurotic disturbances. Psycho-neurotic symptoms are the dynamic results of unbearable tensions occasioned by the weight of exaggerated repressions.

Let us now describe the act of repression more fully. It starts with the super-ego's inner perception of a dynamic tension which tends to become conscious in order to induce the motor innervations necessary for its release. If the tendency is in conflict with the code of the super-ego, the conscious ego rejects it from fear, which is the motive power of repression. The ego, acting on the

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cue given by the super-ego, rejects the condemned id-tendency, and and so produces what we call repression. The fear felt by the ego for the super-ego is the signal which warns the ego to repress, and this intimidation of the ego by the super-ego can be considered as the continuation of the pressure which the parents brought to bear upon the child during the period of education.

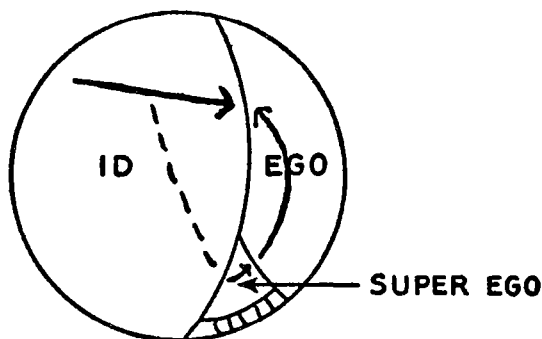


FIGURE 4

The dotted line represents the inner perception of the repressed tendency by the super-ego. Repression is like a reflex arc consisting of a sensory and a motor part. The dotted line represents the sensory part, the arrow starting in the section, super-ego, and continued in the ego, the motor part. Repression is an automatic or reflexory inhibition.

The ego is exposed to two directing forces: the individual needs arising from the id, on the one hand, and their denial by the super-ego on the other. Its tendency is to compromise between the two forces by modifying the id-tendencies in a way which is compatible with the code of the super-ego. This process we call domestication, or sublimation of the original, inherited, non-social demands. Sublimation is what occurs in normal adjustment. The neurotic and psychotic personality is characterized by a relatively small capacity for sublimation.¹ These pathological personalities stubbornly hold on to their original tendencies, which they cannot carry out because, paradoxically enough, they have at the same time developed a harsh super-ego. They are both over-social and non-social at the same time.²

¹ The *absolute* rate of the capacity for sublimation may in certain cases of neurosis be great, but then the inhibition of un-sublimated gratifications makes the need for sublimations greater than the neurotic is able to perform—hence the production of symptoms.

² All diagrams in this article by courtesy of W. W. Norton & Co.

DREAM MECHANISMS AND INTERPRETATIONS

A NUMBER of the great minds of the past divined the nature of one or another of the various aspects of the dream. Aristotle correctly defined the dream as the life of the mind during sleep. Plato recognized the ruthless, censored wish-impulses that underlie dreams, for he declared that the good are those who content themselves with dreaming of what the others, the wicked, actually perpetrate. Albertus Magnus detected the regressive tendency in dream processes. It remained, however, for a genius of the present age—Professor Sigmund Freud—to envisage the dream problem *in toto* and to dispel the bewildering conglomerate of fact and fancy, of claim and contradiction, that had so effectually obscured the way to a solution of the question.

Freud's epochal contribution, *Die Traumdeutung*, appeared in 1900. The general significance of this work is twofold. In the first place, it comprehends the initial link between psychoanalysis and general psychology. But, what is of greater moment, the theory announced in this book occupies, as Dr. Ernest Jones has succinctly stated, "a nodal position in his (Freud's) psychology, constituting as it does a point of junction for his various conclusions on normal and abnormal mental life respectively. From it as a starting-point, he has developed outlooks that call for earnest consideration—for it is extensively conceded that if his conclusions are true, they carry with them a revolutionary change in our knowledge of the structure of the mind."

In this connection, it may be of interest to quote Freud's mature opinion of *The Interpretation of Dreams*, expressed three decades after its original publication in German. Referring to Dr. A. A. Brill's first English translation thereof (1913), he says: "Since then, much has taken place in the world, and much has been changed in our views about the neuroses. This book, with the new bit of psychology which surprised the world when it was first published (1900), remains essentially unaltered. It contains, according to my

* Died 1939. As this paper is of basic importance and has not been outdated, it has been included in this volume.—Ed.

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present-day judgment also, the most valuable of the discoveries it has been my good fortune to make."¹

The explanation of the dream that has obtained in so-called strictly scientific circles has been characterized, in so far as there has been any unanimity of opinion at all, by the traditional anatomico-physiological orientation. According to this point of view, the mental components of the dream are the expression of a random stimulation of various cortical areas by physical processes during sleep. Consequently, the dream is disparaged as the meaningless product of an irregular and diminished cerebral functioning. Now, Freud's position is the very antithesis of this attitude. He utilizes the psychological approach, applies the principle of psychic determinism, and concludes that the dream has a meaning, i.e. that it is both an intelligible utterance and a purposeful performance on the part of the dreamer.

That highly respectable discipline, experimental psychology, has occupied itself from time to time with "stimulus-dreams" and has adduced some interesting data with reference to the rôle of various stimuli as the occasion for dreams. Let us consider a few dreams of this type.

Dream I: An army officer asleep in his quarters dreams that *he hears the report of rifles and sees a stream of bullets pouring into his room through the window and the walls. The bullets seem to be made of wax. The detonations become louder and louder. The dreamer awakes with a start and recognizes the sound of actual shooting.*

Dream II: A young woman dreams that *she is in bed with a sleeping infant. Someone knocks at the door. The young lady says, "Hush! You will wake the baby!" The rapping grows more insistent. She awakes and finds that her younger sister is knocking at her bedroom door, trying to arouse the dreamer who had overslept.*

In these two examples, it is obvious that the mind of the dreamer has both reacted to an external sensory sleep-disturbing stimulus and has faithfully reproduced the stimulus in a dream. But there are other types of stimulus-dreams.

Dream III: A young man dreams that *he is aboard a transatlantic liner on a show boat cruise. He sees a lady flitting about the lounge of the steamer, scantily clad. He makes advances to her*

¹ *The Interpretation of Dreams* by Prof. Sigmund Freud, revised translation by Dr. A. A. Brill. Pre-publication quotation from the author's introduction by courtesy of the translator.

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and then realizes that she is a prostitute. He is chagrined to find that he lacks the necessary fee with which to purchase her favors. He starts taking up a collection for himself among the other passengers and acquires a dime and some pennies. The ship's whistle begins to blow. He awakes as the sound of the ship's whistle in the dream blends with the ringing of his alarm-clock.

Dream IV: A physician dreams that *he sees an elderly man with a goatee who is stuttering.* The dreamer awakes as the repetitive speech sounds in the dream blend with the noise of a workman hammering outside his window.

These two dreams amplify our knowledge of the mode of reaction of the sleeping mind to disturbing stimuli, for, in them, the stimulus is not reproduced as such, but is represented by an analogous substitute. Now, if external stimuli can influence dreams, we should not be surprised to learn that internal somatic stimuli may possess similar powers.

Dream V: A man dreams that *he is standing at the window of his bedroom, urinating upon a radiator cover.* As he awakes from this dream, he becomes aware of an imperative urge to micturate and hastens to the bathroom to relieve his bladder.

Dream VI: Another man dreams that *he is watching some labourers engaged in digging a trench. Two of them fall prostrate upon the ground, overcome by poisonous gas. The other workmen, however, continue their labours as though nothing had happened. They are neither affected by the gas nor concerned about their unfortunate fellows. The dreamer suddenly fears that something disastrous may happen and feels an impulse to flee the scene. As he turns to run, a violent explosion occurs.* He awakes, realizes that a large amount of gas has accumulated in his lower bowel and goes to the toilet to expel the flatus.

In Dream V, the internal somatic sleep-disturbing stimulus appears as such (compare with Dreams I and II). In Dream VI, on the contrary, the stimulus is represented by a substitute situation (compare with Dreams III and IV).

Striking as the incorporation of external sensory and internal somatic stimuli into dreams may be, the study of this phenomenon fails to shed light on any part of the dream other than the direct response to the stimulus. Neither can it account for the fact that the dream-work weaves the stimulus into a context. These considerations should guard us against any over-estimation of the significance of such stimuli in the production of dreams. The fact is that the more deeply we penetrate into the problem of dream-

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formation, the more indubitably we see the relative importance of these stimuli waning. There is, however, a third group of sleep-disturbing stimuli—mental ones, a consideration of which will materially further our understanding of the dream. The dreams of young children afford coherent and unambiguous examples of the reaction to such stimuli. To understand these childhood dreams, it is merely necessary to be acquainted with the current life of the little dreamer, for they are, without exception, undistorted¹ expressions of the reaction of the sleeping child's mind to an unsatisfactory experience of the day.

Dream VII: An articulate girl of two and three-quarter years spontaneously reported the following dream: "Last night, I dreamed *I had a squirrel*—I dreamed *I had two squirrels*."

Some time prior to the dream, this young miss, the possessor of a number of toy animals, had requested her father to procure her a toy squirrel. After diligent search, the parent regretfully informed his daughter on the evening of the night of the dream that he had been unable to locate such a toy. The little girl was visibly chagrined. It is obvious that the child's dream was a reaction to her father's communication, which, because of its keenly disappointing nature, had sent her to bed with an ungratified longing in her mind. Her dream was the direct fulfilment of her wish to have the toy in question.

This typical childhood dream permits a number of important conclusions: (a) It is not meaningless; on the contrary, it is an intelligible mental production. (b) It contains the fulfilment of an unsatisfied wish. (c) It translates the thought of the wish into an hallucinatory experience, i.e. "The dream does not merely reproduce this stimulus (the longing for the toy), but by a kind of living it through, removes it, sets it aside, relieves it." (Freud). The child thinks: "I wish I had a toy squirrel." The dream says to the child: "You actually have the toy you craved; indeed, you have two of them." (d) We may infer that the function of this dream was to remove a sleep-disturbing excitation from the child's mind. Hence, the child could sleep peacefully despite the evening's unhappy frustration. The dream, then, is not, as is popularly believed, the disturber of sleep. It is the guardian of sleep. (e) Furthermore, the dream proves to be a compromise. On the one

¹ I am aware of the fact that the reduplication in the following specimen represents a modicum of distortion and suggests a second, *over-determined meaning*. This circumstance, however, in no way impairs the validity of my conclusions concerning this dream

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hand, we have the tired child's wish to go to sleep. On the other hand, the unsatisfied longing to possess a toy squirrel was demanding gratification. The dream permitted the child both to sleep and to experience the satisfaction of the fulfilment of its wish. However, in so far as the child was dreaming, her mind was not completely asleep. Then, the wish fulfilment, to be sure, was only an imaginary one. Such a compromise-formation is seen not only in dreams, but also in errors in mental functioning, such as slips of the tongue, slips of the pen, etc., and also in psycho-pathological symptoms.

The following dream illustrates the sleep-protecting function of dream conclusively.

Dream VIII: Some fifteen years ago, I tried the futile experiment of wrenching myself out of my sleep to make an instantaneous transcript of my dreams. My mind was, therefore, the battleground of two opposing wishes—the wish to sleep, which regularly participates in all dream-formation, and the wish to terminate sleep in order to record my dreams. One night, I had a dream and jotted it down. On awakening the next morning, I was surprised to find the writing tablet that I had kept at my bedside bare of any notation. I then realized that I had only dreamed *the recording of my dream*. The wish to sleep had triumphed, thanks to this dream, over the impulse to arouse myself and write the dream down. In this instance, the guardian of sleep performed its duty perfectly.¹

Yet, so-called stimulus-dreams (dreams I–VI) seem to support the everyday notion that the dream interferes with sleep. The fact is that such dreams attempt to protect the sleeper from the disturbing stimulus, but fail to accomplish their purpose, owing to the intensity of the latter. Indeed, under special circumstances, it is entirely possible to prove that a dream² can absorb an external sensory sleep-disturbing stimulus altogether successfully.

Dream IX: A woman has a lengthy dream—the precise details are of no interest in this connection—in which *she accompanies a fire inspector, who is making a tour of her home. He directs her attention to a number of unsafe conditions and suggests various remedial measures.* The next morning, the governess in the house asked the dreamer whether her sleep had been disturbed in the early hours of the morning by the clang of fire apparatus, for a house nearby had been ablaze. Then, the dreamer herself, who,

¹ Assisted undoubtedly by a resistance against the unrecorded dream.

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despite the din, had slept on serenely, spontaneously realized that her dream had been a reaction to the noise in the street.

Dream X: The following dream was able to effect the discharge of an internal conflagration, thus safeguarding the dreamer's sleep. An isolated instance of late nocturnal enuresis in a boy eleven years old was accompanied by a dream in which *he is standing on a wooden bridge, accompanied by a very motherly neighbor. He wants to urinate. He notices that one of the planks has a convenient hole in it. He asks the lady: "Will it be all right for me to do it through this hole?" She answers: "Yes." He anxiously reiterates: "Are you sure it's all right?" She replies: "Why yes, of course." Whereupon the boy urinates with a sense of satisfaction and relief.* On awakening the next morning, he finds that he has wet the bed.

Transparent wish-fulfilment dreams, known as dreams of the infantile type (such as Dream VII), are by no means limited to children. They occur in adults as a response to internal somatic stimuli arising from imperative physical needs (hunger, thirst, etc.) in the form of "satisfaction-dreams" and as a reaction to preoccupying situations in the form of "impatience-dreams" and "comfort-dreams."

Dream XI: The desire frequently expressed by students to get their examinations over with is demonstrated in the following impatience-dream that occurred the night before an oral Latin test. This dream is quite perspicuous despite a slight degree of distortion by condensation.¹ The student dreamed that *it is the morning of the test. He is riding in a streetcar to high school as usual. The motorman stops the car, winds up the hand brake, slips the controller into his pocket, leaves the platform, and enters the car. He looks like the Latin instructor. He draws a roll of the class from his pocket and announces that the examination will commence immediately. He asks the student to recite the principal parts of the verb "audio." The student replies confidently: "Audio, audire, audiui . . ." As the dream fades, the student feels that he is passing the test with ease.*

Dream XII: After retiring late one wintry Saturday night, with the intention, nevertheless, of catching an early morning train, I dreamed of travelling to Hastings-on-Hudson comfortably sprawled out in a lower Pullman berth. There was a vague feeling that I

¹ Note that this condensation—the fusing of the ride to high school and the examination at high school—expresses, in itself, impatience, for the dreamer does not have to wait in his dream to reach high school to take the test.

DREAM MECHANISMS AND INTERPRETATIONS

did not need to trouble myself about waking up, since I was already on my journey. Those of my colleagues who visit the Hastings Hillside Hospital with me and who have been my Sunday morning companions on the Hudson River local will have no difficulty in understanding this typical comfort-dream. In this dream, the wish to sleep, which participates in all dream-formation (compare Dreams VII and VIII), actually creates the dream and appears therein in the form of the vague reflection mentioned.

Were all dreams of the simple, undistorted, infantile type, the question of the significance and the function of the dream would be answered. We could say that "the function of dreams is to protect sleep; that they arise out of two conflicting tendencies, of which the one, the desire for sleep, remains constant, whilst the other endeavors to satisfy some mental stimulus; that dreams are proved to be mental acts, rich in meaning, that they have two main characteristics, i.e. they are wish-fulfilments and hallucinatory experiences." (Freud.)

Most dreams, however, are disjointed in form and senseless in substance. Again, others that tell a connected story are either meaningless to the dreamer or impress him as preposterous. We seem to have reached an impasse.

Dream XIII: A normal and prosaic young married woman dreams that *she is wearing shoes made of solid gold.* This dream is certainly coherent in form but undeniably fantastic in content. Fortunately, this young housewife added to her account of the dream some spontaneous comments that render it entirely intelligible. Her story runs as follows:

Prior to her recent marriage, her choice vacillated between two men, one of whom was more stable but somewhat colourless, the other, more stimulating but given to improvident ways. In order to convert this trio into a comfortable foursome, she introduced another girl, a friend, into the situation. While the dreamer was away on a journey, this friend married the sedate man. On her return, the dreamer married the other man. Shortly thereafter a distant relative of the sedate admirer died, and the latter was agreeably surprised to find himself a rich man through collateral inheritance. Now, the evening of the night of the dream, the less prosperous couple dined at the home of their more fortunate friends. When they departed, it was raining. A discussion ensued between husband and wife as to whether their limited means would permit of a taxi-cab to protect her only pair of evening slippers. A streetcar ride as the anti-climax to the dinner party at the sumptuously

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furnished home of her former suitor, led the dreamer to conclude that she had married the wrong man. It now becomes clear that her dream fulfils the wish: ¹ "If only I were in her (my hostess's shoes!)" Indeed, the hostess wore elaborate slippers of gold brocade that evening. This dream, then, has a meaning albeit a hidden one. Behind its fantastic text (*the manifest dream-content*) lies concealed a group of intelligible ideas (*the latent dream-thoughts*), which contain the expression of a wish-fulfilment. Moreover, this dream tells us how to discover the meaning of—in a word, to *interpret*—seemingly incomprehensible dreams. We need for this purpose the unrestricted, spontaneous comments of the dreamer, i.e. we must apply *the free association technique*.

It is unfortunately impossible adequately to discuss the theoretical implications, the practical use, and the empirical justification of the free association method within the limits of this chapter. The reader is warned that a mere statement of the steps of the process sounds deceptively simple in a high degree. Furthermore, the use of any technique, however scientific its foundation, is an art, be it the art of dream interpretation, the art of serological reading, or the art of chemical determination. Briefly, in utilizing the free association method, we break up the manifest dream content into its various elements. To each of these in succession the dreamer is asked to report without reservation the thoughts that occur to him, when he keeps the given manifest element in mind. The free associations thus produced yield the latent dream thoughts, out of which crystallizes the theme that comprises the hidden meaning of the dream.

Dream XIV: A man dreams that *his uncle has just died*. This sounds reasonable enough, until we learn that the uncle in question had actually died quite a few years ago. The dream now seems absurd. But we have seen that the dream as narrated by the dreamer is merely a façade behind which we are to seek a meaning. In this instance, the free associations of the dreamer disclosed the following facts:

At the time of the death of his uncle, he was financially embarrassed. He had certain pressing obligations to meet and was at a loss how to raise the necessary funds. His uncle died suddenly and left him just the sum he needed to extricate him from his perplexity. That was several years ago, but the dreamer is again

¹ This wish is a (pre-) conscious one. Such a wish can function as a dream-instigator only if allied with a deeper, unconscious wish of an associated nature that would be disclosed by a full analysis of the dream.

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involved in difficulties concerning money matters. His dead uncle and his father were as alike as twins. Now, the latter, an old man with considerable money, cannot live very long, and the dreamer is aware that upon his father's death he will inherit quite a sum. Of course the dutiful son does not consciously desire his father's demise, but, when he is worried about financial matters, the *unconscious, repressed* wish that the parent should die and thus relieve his straitened circumstances is aroused. It appears in the above dream under a double disguise. The manifest dream content says that it is not a matter of his father's death but that of his uncle, and the dreamer feels that the entire dream is nonsensical since his uncle has been dead these many years. But the underlying latent dream thoughts prove that the dream is in deadly earnest. An amusing and instructive corroboration of the interpretation is to be found in the fact that this dream recurred at regular intervals—about the first of each month, i.e. when bills fall due. The text of the repetitive dream of the uncle's death is then a distorted and disguised substitute for another content—the wish for the father's death.¹ The fact of *dream-distortion*, which is responsible for the impression of absurdity created by most dreams, is readily established. However, the reasons for its existence and the mechanisms by which it is accomplished remain to be discussed.

Dream XV: A patient undergoing psycho-analytic treatment dreams that *he is on a beautiful country estate. The master, a rather shadowy figure, and two servants, altogether clearly defined, are walking about. Two dogs seem to have been lost. The dreamer follows the servants into an outbuilding where dozens of the animals may be seen. The lost dogs are found, but a great Dane is still missing.* The dream is pervaded with the charm of rural England.

The free associations of the dreamer dealt at great length with his many phantasies of nobility. He had frequently day-dreamed that he was a Spanish grandee, a French viscount, and, more recently, a scion of English landed gentry. But the dream remained quite unintelligible. Finally, in the face of great resistance on the part of the dreamer, the free associations took a different course. He began to talk about his dog, which had been returned to him the day before. With intense embarrassment, he reluctantly related that, at times in the past, he had entertained sexual phantasies about the animal, the content of which revolted him. It is now

¹ Vide Freud: *Beyond the Pleasure Principle*. Also, "Neue Folge der Vorlesungen zur Einführung in die Psychoanalyse."

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clear that this "beautiful" dream is the distorted, hence disguised expression of repressed, perverse zoophilic wish-impulses.¹

The results of the interpretation of the last two dreams lead us to suspect that dream-distortion serves a definite purpose. In this connexion, the attitude of the dreamers toward their respective dreams is interesting and instructive. In the second instance the dreamer admitted the correctness of the dream-analysis but was surprised and disquieted by its findings, for he was unaware of harboring any such impulses at the time of the dream. In the first case the dreamer attempted indignantly to gainsay the imputation of a death-wish against his father, despite the evidence adduced. These reactions are entirely in keeping with the pivotal point of Freud's theory of dreams, viz., dream-distortion is due mainly² to the agency of a *censorship* that is directed by certain tendencies in the individual against other impulses in him. "The tendencies which exercise the censorship are those which are acknowledged by the waking judgment of the dreamer. . . . Those tendencies against which the dream-censorship is directed . . . are invariably of an objectionable nature, offensive from the ethical, aesthetic or social point of view, things about which we dare not to think at all, or think of only with abhorrence. Above all are these censored wishes, which in dreams are expressed in a distorted fashion, manifestations of a boundless and ruthless egoism; for the dreamer's own ego makes its appearance in every dream and plays the principal part, even if it knows how to disguise itself completely. . . ." (Freud). We will digress a moment to consider a striking example of an ego-disguise in the following dream.

Dream XVI: A young woman dreams that *she sees a small sea lion resting on a table. In front of the animal are some plates containing chicken and mashed potatoes. The sea lion devours the chicken, the potatoes and then the plates.* This dream becomes intelligible when we learn that, in consequence of a disposition to obesity, the dreamer was observing a rigid diet that excluded her favorite dish—chicken and mashed potatoes. Her spontaneous com-

¹ Medical discretion forbids me to communicate the factors responsible for the reactivation of the impulses at the time of the dream. Readers who feel tempted to evaluate these wishes should be mindful of the fact that the repressed unconscious is the infantile mental life to which we all return nightly in our dreams. For example, there does not exist in the mind of the little child the flattering, if somewhat fictitious gulf, that adult man places between himself and other species—a gulf that Darwin took the liberty of materially diminishing.

² *Symbolism* is a second and independent factor in dream-distortion. A third factor is *regression*—the reduction of abstract latent dream-thoughts into the raw material of sense (mainly visual) imagery.

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ment upon the dream was: "I suppose I'll look like that sea lion, if I don't continue dieting." Her gourmand ego is represented in the manifest dream by the sea lion.

Returning to dream-distortion, we may say this phenomenon is caused largely by the exercise of a censorship upon repressed, unconscious tendencies. That the influence of this censorship is permanent is proved by the resistance encountered when we attempt to pass beyond the manifest dream-elements to the concealed latent dream-thoughts (Dream XV). The forgetting of dreams, the doubt the dreamer casts upon the accuracy of his version when he narrates the dream and the consoling afterthought: "It was only a dream," attest the continuous functioning of this endopsychic censorship. Indeed, it is only because of the concurrence of two factors—the partial relaxation of censorship during sleep and the evasion of censorship by the disguise achieved through distortion—that most dream-wishes are able to find even a masked expression in consciousness.

The metamorphosis of the latent dream-content into the manifest dream-text is called the dream work. In interpreting a dream, we tear down the dream-work. It is vital to realize that in the construction of the manifest dream-content, nothing at all occurs other than the transcription of the underlying dream-thoughts into their manifest form, roughly analogous to the encoding of a message. Hence, in dream-formation, no intellectual operation, no creative work is carried out. In dreams of the infantile type, there is a modicum of dream-work consisting of (a) the transmutation of the dream-wish into a reality, and (b) the transformation of the dream-thoughts into (usually) visual imagery. In other types of dreams, however, where more or less extensive dream-distortion is the rule, four further mechanisms of the dream-work may be observed: *condensation*, *displacement*, *dramatization*, and *secondary elaboration*.

Condensation is the most readily observable of these four dream-forming mechanisms. The process achieves just what its name indicates—the compression of the latent dream-thoughts into an abbreviated manifest dream-content. (Cf. the laconic manifest text of Dreams XIII and XIV.) This result is effected in three ways: (a) by the omission of certain latent thoughts; (b) by the representation of certain latent thoughts by mere fragments thereof; and (c) by "true condensation," i.e. latent elements appear in the manifest dream fused into single units, in consequence of which composite persons, compound images and neologisms appear in the manifest dream-text. In fact every element of the latter is usually over-

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determined, i.e., it represents numerous latent dream-thoughts. The following dream exemplifies the formation of a neologism by condensation.

Dream XVII: An apothecary dreams that *he sees the "word" cupabaine, presumably the name of a drug.* On awakening, he realizes that there is no such pharmaceutical. When asked for his free associations to this neologism, he recited a list of pharmacological terms: oubain, copaiba, quinine, cocaine. A vertical arrangement of these words shows clearly that the manifest dream-element "cupabaine" represents a condensation of the names of the four drugs in question; the parentheses indicate letters omitted in the neologism.

C	U	P	A	B	A	I	N	E
(o)	U			B	A	I	N	
C	(o)	P	A	(I)B	A			
(Q)	U			(I)	(N)	I	N	E
C	(o)			(C)	A	I	N	E

Now, the dreamer had recently made the painful discovery that his lady-love was addicted to the use of cocaine. Oubain, a powerful cardiac stimulant, is an allusion to the fact that he was heartsick over his *affair de coeur*. Copaiba, a drug used in the treatment of gonorrhoea, is again a reference to sexual perils. Quinine he associated with the phrase: "A bitter pill." The neologism "cupabaine" in the manifest dream represents latent dream-thoughts to the effect that the dreamer's discovery was a bitter blow to him and constituted a dangerous situation for him.

Condensation serves a number of purposes, the most obvious of which are economy in presentation and, secondarily, evasion of the dream-censorship by the production of distortion. For a discussion of additional ends subserved by this dream-mechanism, the reader is referred to more detailed expositions of Freud's theory.

The second dream-mechanism operating to transform the latent dream-thoughts into the manifest dream-content is called displacement. It appears in two forms: (a) an element in the latent dream-thoughts is replaced by an allusion thereto, usually quite superficial and rather remote. Consequently, when such a connexion is deciphered, the dreamer tends to reject the interpretation on the ground that it is "too far-fetched." (b) The second type of displacement in dreams is a shifting of emphasis. Through a transposition of accent (psychical intensity), the most important elements in the latent dream are denoted by entirely trivial ones in the

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manifest content, while some minor latent thought is represented by the principal feature in the manifest dream. Displacement is perhaps the chief means used in dreams to achieve distortion. It is responsible for much of the quality of bizarreness in dreams, for its effect is completely to de-centre the dream. In many dreams, a high degree of displacement reduces the central idea of the latent dream-thoughts to the insignificance of an aside in the manifest dream-content. The strongest affect in the dream is frequently linked by displacement to an element of the manifest content that represents some minor latent dream-thought. The converse is also true. Often, latent dream-thoughts charged with powerful affects are represented in the dream-text by manifest elements of weak emotional tone.

Dream XVIII: A woman dreams that *she and her lover are occupying adjacent apartments that are very sunny and cheerful. The pair are calling to each other in a gay mood. The lover, hilariously happy, sings at the top of his voice. Much badinage is exchanged. The lady invites the lover to come to her apartment for supper. He declines, but extends a similar invitation to her, adding that boiled tongue will be served. They continue to shout joyously across the courtyard.*

In the manifest text of this dream, the accent obviously falls on the bliss of idyllic love. The dreamer ventured the opinion that the dream simply expressed her yearning for a happy love-life. The boiled tongue impressed her as an incidental detail, hardly worthy of notice. Now, the application of the free association method to the dream showed that the very core of the underlying latent dream-thoughts was contained in the seemingly insignificant manifest element "boiled tongue." To this dish the lady associated first, the fact that she and her lover had dined on tongue the evening of the night of the dream. Next, the human tongue came to her mind. Then, after much hesitation, the fact that she and her lover practised oral perversions, indulgence in which, on the one hand, gave much pleasure, but, on the other, inspired misgivings. Furthermore, the word "boiled" made her think of "intoxicated" and of a painful scene with her lover when he was under the influence of alcohol. She was dreading a repetition of this trying experience at the time when she had this dream. Medical discretion prevents me from communicating further details. However, the material given may lead the reader to suspect that not love's bliss, but an ambivalent attitude toward perverse sexual practices is the major theme that underlies this dream-text.

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The third mechanism of dream-formation is known as dramatization. The manifest dream-content regularly portrays a present action or series of actions, for the most part through the medium of visual imagery. Now, while persons, concrete objects, and simple acts are particularly suitable for pictorial representation, abstract terms, complicated behaviour and thought-relations entail a scale of increasing difficulty in this respect. Consequently, the fact of picturization subjects the latent dream-material, striving for expression, to a selecting and modifying influence from the standpoint of suitability for presentation under the limitations imposed by visual representation. Concrete images can readily appear in the manifest dream-content as such. Abstract words can be replaced by pictographs of their original concrete meanings.

Dream XIX: A patient much given to protesting his lack of interest in wealth and his longing for love reports a dream in which *he is squatting over three heaps of gold. Some women approach him tenderly and evince a desire to kiss him. He remonstrates: "Just a minute, girls," indicating that he is otherwise occupied and must not be disturbed.* Thus the dreamer betrays the fact that his interest is centred not at all upon affection, but upon possessions. Note that the abstract word "possession" (potis+sedeo) is portrayed by a concrete, literal "squatting over" (plastic representation).

Similarly complex activities can be depicted in the form of simpler, loosely analogous acts.

Dream XX: In the following dream, the act of jilting is represented by a type of "throwing over" that is more readily rendered in pictorial form. *The dreamer enters a room in which he sees a lady who has been deeply smitten with him. She is seated with her legs crossed in such a manner that her right foot is extended. He seizes her protruding shoe and flips her over backwards.* To this act, he associated the fact that he had thrown her over; i.e. had jilted her.

The process whereby the latent dream-thoughts are expressed in the form of visual images is termed *regression*. Freud says: "Clearly what has to be accomplished by the dream-work is the transformation of the latent thoughts, as expressed in words, into perceptual images. Now, our thoughts originated in such perceptual forms; their earliest material and the first stages in their development consisted of sense-impressions, or, more accurately, of memory-pictures of these. It was later that words were attached to these pictures and then connected so as to form thoughts. So that the

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dream-work subjects our thoughts to a *regressive* process and retraces the steps in their development. . . ."

Logical thought-relations are not susceptible of delineation in pictorial form at all. Occasionally they are indicated by special devices in the nature of certain peculiarities in the form of the manifest-dream. Consequently, in interpreting a dream, its very form must be taken into consideration. Causal connexion, for example, may be expressed by a short, introductory dream, followed by a longer main dream. A subordinate relationship in the latent dream-thoughts may be represented by an interpolation in the manifest dream-content. Opposites in the latent dream-material are treated in exactly the same manner as similarities—they are condensed in the manifest-dream into the same element. These observations by no means exhaust the varieties and peculiarities of dream-representation, the analogy of which with the modes of expression of primitive languages and scripts has led Freud to designate them *archaic*. The regressive or archaic form of expression employed by the dream-work is ascribed by Freud to the concatenation of three factors: (a) the activity of the censorship; (b) the influence exerted upon the latent dream-thoughts by early childhood memories which are accessible to the dream and which preserve their original visual form; and (c) the cessation in sleep of the general forward movement of energy from the sensorial to the motor side of the mental apparatus.

The fourth mechanism of the dream-work is called secondary elaboration. It tends to weave the various parts of the nascent dream into a more or less unified whole that is assimilable into the general content of consciousness. Whatever semblance of sequence and coherence the manifest dream-text may possess is merely an illusory pseudo-intelligibility. It is achieved by means of rearrangements and interpolations, the actual effect of which is further to disguise the meaning and distort the relationships of the underlying latent thoughts.

Three of the four mechanisms of the dream-work, viz. condensation, displacement, and the regressive transformation of thoughts into archaic forms, are processes quite alien to our waking mental life.¹ They are proper to the unconscious, "a special realm with its own desires and modes of expression and peculiar mental mechanisms not elsewhere operative" (Freud).² Secondary elaboration,

¹ Not entirely so. Condensation and displacement may, for example, occur in jokes.

² Since the nature of this region of the mind is especially revealed by the study of the dream, the latter has been called by Freud the royal road to the unconscious.

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however, is more intimately related to our conscious mentation. As Ernest Jones has shown, it is closely allied to rationalization. Despite the striking achievements and the psychologically extremely significant characteristics of the dream-work, the limitations of the latter should be clearly grasped in order to avoid any misunderstanding as to the nature of dream-formation. The intellectual processes—thinking, reasoning, resolving, judgment, conversation, arithmetical calculation, etc.—that have apparently been performed during the course of dream-making, actually belong not to the dream-work, but to the latent dream-thoughts. Since these latent thoughts may, as we have seen, be inaccessible to the dreamer and demonstrable only by the use of a special technique, it follows that highly complex mental acts can be performed unconsciously.

The affects in dreams, briefly mentioned in connexion with displacement, require further consideration. Affects are notably refractory to change under all circumstances. In dream-formation, they pass through the processes of dream-making qualitatively unchanged, but quantitatively modified. The nature of the affect seen in the manifest dream is the same as that accompanying the underlying latent thoughts. However, the intensity of the affect as it appears in the dream-text is regularly less than that associated with the latent thoughts. To summarize: the influence of the dream-work upon affects is limited to (a) diminution of the intensity thereof, (b) less often complete suppression, and (c), at times, conversion into the opposite. In this event, both opposites belong to the latent dream-context with the difference that the inverted affect represents the emotional tone of the deepest level of the dream. The modification of affects seen in dreams is due partly to the censorship and partly to cessation in sleep of forward movement in the mental apparatus. The following dream illustrates the fact that the dream-affect, however incompatible with the manifest dream-text, is logically correct in the latent dream-thoughts.

Dream XXI: A patient dreams that *he is trying to protect a girl on a flatcar, one of a train of cars that is tearing down the track at a terrific speed. The train reaches a curved section of track and is wrecked.* Whereas one might, judging from the content of the manifest dream, expect some such emotional reaction as terror, apprehension, dismay, or at least concern on the part of the dreamer, the fact is that his affect throughout the dream was one of elation. An inspection of the latent thoughts of this dream shows that this apparently inconsistent feeling tone is in complete harmony with the underlying thoughts and the wish-fulfilment. Briefly,

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these thoughts dealt with three train rides, one on an express train, one on a roller coaster, and one on an inclined railway, all of which were associated with periods in the dreamer's life when he was happy because his inordinate pride, vanity, and conceit were being gratified. At that time, his friends and acquaintances regarded him as an impressive if not important individual. The evening of the night of the dream, he had wearily gone to bed, harassed by the sorry realization that now all was different. The dream-work has clearly transformed these vexatious thoughts into the fulfilment of a wish once more to be as joyous as in that happy past.

Provided the analysis of a dream has been carried to relative completion, the latent dream-thoughts thus elicited will fall into two categories. One group of these thoughts corresponds to the type of thinking characteristic of our waking mental processes. Such thoughts are altogether sober and coherent, and voice understandable reactions to the mental sleep-disturbing stimulus that evoked the dream. They are technically called *the residue from the previous day* and are *preconscious* in nature, diverging from conscious ideas usually¹ in no way except that the quality of consciousness is absent. The rest of the latent dream-thoughts are of a kind that generally impress the dreamer as neither rational nor comprehensible, as, for example, the thoughts about the father's death in Dream XIV. They bespeak the activity of the unconscious wish-impulse behind the dream. "The dream-work never consists merely in translating the latent thoughts into the archaic or regressive forms of expression described. On the contrary, something is invariably added which does not belong to the latent thoughts of the day-time, but which is the actual motive force in dream-formation; this indispensable component being the equally unconscious *wish*, to fulfil which the content of the dream is transformed." (Freud). The further evaluation of these latent thoughts discloses the all important fact that the regression seen in dreams is one *in substance* as well as of form. From their content we learn that the significant and apparently forgotten memories of early childhood and the primitive tendencies of that period are available to the dream. Freud says: "Not only the material of the forgotten childish experiences is accessible to the dream, but also the child's mental life,

¹ Strictly speaking, two subvarieties of preconscious thoughts can be distinguished: (a) those that are easily accessible to consciousness, such as everyday memories, and (b) those that have close associative connexions with unconscious material and are therefore less welcome in consciousness.

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with all its peculiarities, its egoism, its incestuous object-choice, persists in it and therefore in the unconscious, and our dreams take us back every night to this infantile stage. This corroborates the belief that the *Unconscious is the infantile mental life*, and, with this, the objectionable impression that so much evil lurks in human nature grows somewhat less. . . . For this terrible evil is simply what is original, primitive and infantile in mental life. . . ."

The hyperamnesia of dreams for the early experiences of childhood is demonstrated in the following specimen.

Dream XXII: A young man complained at the beginning of psychoanalytic treatment of a disagreeable repetitive dream. It consisted of a single scene: *a dishevelled woman in a cage, howling*. The dream proved quite refractory to immediate analysis, but its content led the analyst to suspect that the patient had at a tender age witnessed the birth of a sibling. (To be in a cage-confinement-child-birth.) Later in the course of the analysis, this repressed memory was dramatically recovered—to the patient's utter amazement.

Two additional points will be mentioned briefly. The first of these is the occurrence of *symbolism* in dreams. When, in the attempt to interpret some dreams, the free association method is applied to certain elements of the manifest dream-content, no latent dream-thoughts will be forthcoming, despite every effort on the part of the dreamer to produce the desired material. These silent manifest elements stand in a *symbolic* relation to the latent material they represent. Such an element is a *symbol* of the underlying unconscious dream-thought. The symbolic relationship is a form of comparison that differs from all other forms of metaphorical representation in that it is an unconscious one. The result of this is twofold: (a) the dreamer cannot give the translation of the symbol—this must be furnished him by the analyst, and (b) the *tertium comparationis* is more or less obscure. While a great many objects may serve as symbols, the number of things symbolized in dreams is small: the human body, parents, children, siblings, birth, death, nakedness, secrecy, and objects and activities connected with the sexual life. A few examples are: *emperor* and *empress*, *king* and *queen*, in the manifest dream standing for the father and the mother respectively of the dreamer in the latent dream-thoughts. Death may be symbolically represented by a *journey*. The male genital may be symbolized by *poles*, *umbrellas*, *pointed weapons*, *fire-arms*, etc., the female genital by *caves*, *boxes*, *stoves*, *rooms*, etc. Sexual intercourse may be expressed by *climbing*, *mounting*,

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riding, and *dancing*. In the case of a few symbols the representation is by opposites; for example, nakedness may be represented by *clothes* and *uniforms*, and secrecy by a crowd, analogous to giving a negro the nickname of "Snowball." Since one of the characteristics of symbols is constant meaning, it is frequently possible to interpret dreams that are mainly symbolic in content forthwith. The symbolic relationship is never reversible. The fields of mythology, anthropology, philology, folk-lore, and religion contain many parallels to dream-symbolism. Indeed the domain of symbolism embraces a realm far more extensive than might be inferred from the study of this phenomenon in dreams alone.

Next, the occurrence in dreams of painful affects and, especially, of anxiety demands consideration. From the so-called common sense point of view the notion of a wish-fulfilment that entails unpleasant emotions can only be regarded as a preposterous incompatibility in logic. Yet this apparently self-contradictory formulation becomes altogether comprehensible when we take into account three situations that can obtain in the formation of painful dreams. In the first place, at times the dream-work partially fails to accomplish its purpose due to the characteristic intractability of affects. It is much easier for the dream-work to metamorphose the painful content of the latent dream-thoughts into a wish-fulfilment than to effect a corresponding alteration in the attendant feelings. In the second place, on occasion the repressed wish behind the dream is strong enough to threaten to overcome the censorship and achieve undisguised fulfilment. The dreamer's reaction to this internal danger is the development of anxiety, and frequently, the termination of the dream by breaking off sleep. In such dreams the distortion, if any, is minimal. The following specimen is an example of an anxiety-dream, the wish-fulfilment in which is but thinly veiled.

Dream XXIII: A young woman dreams that *she sees a large horse of an unusual reddish hue. She becomes frightened at the sight of the animal and starts to run. The horse pursues her. She awakes in terror. To the manifest element "horse," she associated the German word "Pferd," which means a horse. It then occurred to her that a gentleman of her acquaintance was generally known by the nickname "Ferd" and that this man's hair was of exactly the same color as that of the horse in the dream. Evidently the horse represents the man. Now this gentleman had in the past paid her considerable attention. She had been growing quite fond of him, when from some things she had heard, she was forced to conclude*

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not only that he was far from being as moral as she could have wished, but also that his intentions toward herself were none of the best. Thereupon she immediately broke off her acquaintance with him, and, as he made no effort to regain her friendship, she no longer saw him. She frankly admitted that her liking for him had been uncomfortably strong and that occasionally she found herself wishing that he would renew his blandishments. Realizing that her feelings might get the better of her judgment if she did see him again, she banished that longing from her thoughts. But she dreams both that she sees him and that he pursues her. Her fear in the dream is a fear of the fulfilment of her own wishes in the matter.

Lastly, the wish-fulfilment in a painful dream may be a punishment-fulfilment, gratifying the remarkable self-punishment tendencies that exist in the mind of man. A discussion of the significance of this class of dreams is beyond the scope of this brief survey.

A complete interpretation and full evaluation of any dream would demonstrate: (a) the sources and material of the dream; (b) the process of the formation of the dream with its two distinct phases—the fashioning of the sleep-disturbing stimulus into the expression of a repressed wish and the transcription of the wish-fulfilment into a form that permits entry into consciousness; and (c) the specific aim of the particular act of dreaming in question. The final dream of our series will be used to illustrate some of these points by way of summary.

Dream XXIV: A young lady dreams that *she sees her mother aged, ill and dying. The face of Dr. X, professor at Y Medical College and chief of clinic at Z Hospital, appears in the scene, like a vision. The dreamer feels grief-stricken.* In this instance, the dreamer did not furnish any free associations at all. However, since the analyst knew something of her life, her personality, and the conditions under which she lived, he was able, nevertheless, to venture an opinion as to the meaning of the dream. The young lady declared his surmise erroneous, but one of her close relatives subsequently told the analyst that he had read her secret and this relative supplied some interesting confirmatory details. Her mother's physician at the time of the dream was a young assistant at the clinic of Dr. X. The young lady had developed a deep interest in this rising young doctor and had reason to believe that he had learned to care for her and was about to propose marriage to her. To her complete disillusionment, he suddenly decided that his

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health required a change of scene and departed unceremoniously to a sea-side resort for a vacation. The young lady promptly understood the real significance of this manoeuvre. Her mind then became the battle-ground of a distressing realization that all was over between them and a poignant longing that it might nevertheless be otherwise. Her dream is a reaction to her unhappy plight. The faithless young doctor was, as we have learned, her mother's physician. Were her mother critically ill, as happens in the dream, he might be summoned to her bed-side, and the daughter's longing for his presence would be gratified. It will be noted that he remains concealed in the latent dream thoughts. In the manifest dream, he is represented by the appearance of Dr. X. However, the desire to see the young doctor is at most a pre-conscious one, whereas only a repressed, unconscious wish could furnish the necessary fund of energy for the formation of this dream. We must therefore demonstrate the presence of this indispensable item and would expect it to be of an associated nature.

In this instance, the *sine qua non* of dreaming is furnished by the unconscious wish of the dreamer's Oedipus complex: to remove her mother and possess her father. Since we lack the dreamer's free associations, this statement may impress the reader as altogether arbitrary, if not fantastic. Yet it was such an inference that enabled the analyst, who originally knew nothing of the young lady's love affair, to conjecture the presence of that factor in her current situation. On the basis of what follows, each reader may decide for himself whether the analyst had made a lucky guess or a reasonable deduction. In the first place, the death-wish against a close relative can appear in the manifest dream-content as such, provided its significance is concealed from the dreamer by a mask of grief. This is precisely what happens in the dream. In the second place, the key to the situation is contained in the fact that the young lady's suitor is represented in the manifest dream by the figure of his chief. Such professorial images in dreams usually stand for an analogous childhood authority, viz. the dreamer's father. It is to him that she turns in the dream and at the same time, she represents her rival, the mother, as dying. The triangular Oedipus relation: daughter, father (who is mother's husband), mother, was reproduced in a sense in the young lady's daily life in the parallel: daughter, daughter's suitor (who is mother's physician), mother. The associated nature of the preconscious dream-wish on the one hand, and of the unconscious dream-wish on the other, is

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now obvious. The question arises: what does the dreamer gain by representing the unconscious Oedipus wish as fulfilled? This can be answered on the basis of what the analyst knew of the dreamer's childhood. She was an only daughter, thoroughly spoiled in childhood and girlhood by a doting father, who regularly sided with her in every clash with her mother. Indeed, in the home, she had gradually thrust her mother aside and had supplanted her in the affections of the father. Now, it is the wont of mankind to revert to a more agreeable past, whenever the present is sufficiently unpleasant. This is exactly what the dreamer accomplishes in her dream. She turns away from her present disappointment in one man to another, of whose love she was assured. The finer intricacies of this dream need not concern us here. Suffice it to have indicated how an unconscious wish-impulse¹ acting upon the sleep-disturbing content of a painful day-residue transformed the latter into a wish-fulfilment that relieved it and hence permitted the dreamer to continue her sleep without interruption.

It is no exaggeration to state that Freud's theory of dreams is the key-stone in the arch of psychoanalytical theory and practice. The compression of Freud's dream-theory and the necessary illustrative material into the narrow compass of this article has, perforce, imposed much omission of detail and, what is more grave, some simplification of content. Furthermore, no attempt has been made to recast the dream-theory, originally formulated in terms of the conscious, preconscious, and unconscious into the newer terminology of Freud's more recent tripartite division of the mind into an ego, super-ego, and id. Such an enterprise might take as its point of departure the rôle of the super-ego in self-punishment dreams, but would have to cope with the difficulties inherent in combining two classifications that are in some respects crossed. For a discussion of the many applied aspects of the dream-theory, such as the influence of the dream on waking life, the relation of the dream to the neurosis and the psychosis, the use of the dream in psychoanalytic technique, etc., the reader is referred to the appended bibliography. Indeed, it is only by the assiduous study of this bibliography that the reader can hope to attain any adequate conception of the import of the scientific interpretation of the dream for both normal and abnormal psychology.

¹ Note that the repressed material in the unconscious does not yield to the ego's desire for sleep.

DREAM MECHANISMS AND INTERPRETATIONS

BIBLIOGRAPHY

- Brill, A. A.: *Fundamental Conceptions of Psycho-analysis* (London: George Allen & Unwin Ltd.), vi, vii, viii, ix
- Freud, Sigmund "The Employment of Dream Interpretation in Psychoanalysis,"
Collected Papers (London: The Hogarth Press), II
Interpretation of Dreams (London: George Allen & Unwin Ltd.)
Introductory Lectures on Psycho-analysis (London: George Allen & Unwin, Ltd.),
Part II
- Jones, Ernest: *Nightmare, Witches, and Devils* (New York: W. W. Norton & Co.)
"Papers on Dreams," *Papers on Psycho-analysis* (London: William Wood & Co.)
Psycho-analysis (London: Ernest Benn, Ltd., "Benn Sixpenny Library")

SEXUALITY AND ITS ROLE IN THE NEUROSES

IN Plato's symposium we find a myth describing the ancient's attempt to explain the sexual manifestations of mankind. Man was formally a different creature, he was physically a double being, both sexes coexisting. These creatures, having become overbearing, were cut asunder by Jupiter into two halves. The skin was then pulled together and sewed up, and their heads were turned around, thus making two different sexes. Since then these two sexes have been striving to re-unite. This ancient, theoretical bisexuality or hermaphroditism of man was later corroborated by science, notably through the works of Lydston and Kiernan of this country. Bisexuality exists both physically and mentally. We know that physically everything fundamental existing in the male has its analogy in the female; that it is simply a question of later development when one develops in one way, the other in the other way. This divergence had its origin at definite points in the phyletic and biontic evolution of man.

Krafft-Ebing was the first to describe sexual abnormalities from a phenomenological approach. No one ever succeeded in giving an explanation for the so-called sexual anomalies; they were looked upon as monstrosities or as peculiarities by both layman and sexologists. Professor Freud was the first to treat psycho-sexuality as an integrated science. He was the first investigator to show that the roots of all sexual anomalies actually exist normally in every human being, but that due to early accidental factors, deviations or deflections from the normal path may result and do cause diversions, inversions, or deviations in reference to the sexual aim or the sexual object.¹

According to Professor Freud, who bases his conclusions on his studies of the neurotic, the normal, and the child, there are three definite stages in the psycho-sexual development of man. The first stage, the auto-erotic or self-gratifying age, starts with birth and continues to the age of four or five. In this stage the child shows itself as a self-satisfied individual whose outlets depend

¹ According to Professor Freud, the *sexual object* is the person from whom the sexual attraction emanates, while the action towards which the impulse strives he designates as the *sexual aim*.

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altogether on his mother; she supplies all his needs, and he seemingly craves nothing from the outer world. We call this relation of the child to the mother *anaclitic*, or leaning on. The child does not consider his mother as something foreign to him; he feels at one with her and considers himself, as it were, a part of her. Aside from this dependent relation, he is entirely self-sufficient, self-gratifying. We can observe him in his crib, babbling, gurgling, twisting, and rubbing his limbs, sucking his thumb, moving and swaying about in a perfectly contented manner, entirely unaware of the outside world. His mother alone supplies his hunger and his comfort cravings. This age is the most important in the child's life, for beginning with a primitive mental apparatus, all of the child's cultural foundations are laid during these first years of life. If the first four or five years develop normally, the child will be normal. I am referring of course, to the psycho-sexual development of the normal or average child.

Professor Freud's great achievement in sexology lies in the fact that he traces the sexual development to the beginning of life; the child begins with a sex life. It is true that sex in the child differs from that of the adult, but the latter is only an outgrowth of the isolated partial impulses and components which can be readily seen in the child soon after his birth. Moreover, when the average scientist or sexologist thinks of sex, he always has in mind the physical elements of sex. In this respect he differs little from the average layman to whom the word "sex" immediately conjures up something repelling crude and licentious, something wrong, something that must be hidden.

Our view is quite different. After a very long and deep study, Professor Freud found that the child shows a number of components and partial impulses which later enter into the formation of the normal sex instinct, for in order to attain sexual intercourse, or the *end aim* of mating, many preliminary feelings must be gratified first. The individual looks at the object and, if attracted, he says to himself, "This is a pretty girl." Following the stimulation or gratification of the sense of sight, his sense of touch comes into play. As soon as possible he desires to hold her hand; he wants to gratify his tactile sensations. If he comes in near contact with her, he may not like the odor which she emanates. ³Odor plays just as great a part in sexual attraction as vision and tactile sensations. As soon as she opens her mouth and begins to talk, he is also impressed by her voice. We often hear such expressions

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as, "Her voice is charming! How wonderful her diction!" A stimulus of one sense may sometimes suffice to start a love affair.

I can mention the case of a man who fell in love with a woman solely on account of her voice. It was in the old days, when one did not have to pay a nickel to ask the telephone operator for the time, when one could talk *ad libitum* to the telephone girl. This man accidentally discovered the operator's charming voice, and he then continually called her just to hear her talk. In time he met her and finally married her. I know that it was mainly her voice which attracted him; he confessed to me that when he first met her he was disappointed in her looks. But the voice still enchanted him. I can also tell of a physician who married a singer only because of her wonderful contralto voice. He was erotically fascinated by the voice until she died of influenza after fourteen years of a happy married existence. This doctor called on me a few years ago to discuss with me his peculiar behavior. He told me that although his wife had been in her grave for years, she indirectly still afforded him a good outlet, through a number of phonograph records of her voice. He, himself, considered this abnormal, and it is abnormal to a large extent. He ranks among those individuals who can get an outlet by looking, touching, or exhibiting—people who are known as perverts and are designated in the literature as *toucheurs*, *voyeurs*, etc.

To be sure, a certain amount of looking, touching, hearing, smelling, or showing off, is quite normal—nay, indispensable to man's normal sexuality, and depending on the race and the individual evolution, some senses play a greater part in mating. Thus, it would seem that nowadays the nose plays hardly any part in human mating. Closer observation, however, shows that the sense of smell is still active in the sexual life of modern man. This has been repeatedly demonstrated by very careful observers. In 1890 Fliess discovered the *Sexualstellen*—sexual spots in the nose, which he showed to have a direct connexion with sexual functioning. In painful menstruation, Fliess would cocaine those spots in the nose and the pain would cease. There is an extensive literature on the subject, a large part of which was contributed by American investigators. In brief, whether we realize it or not, all the senses play a part in the sex instinct.

What is still more important is the fact mentioned above that long before the child reaches what is popularly designated as puberty, long before the function of the genitals is developed, he is a sexual being and manifests a flourishing sexuality. To be

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sure, the manifestations differ, for unlike the adult, the child's sexuality is independent of the genital system; the child obtains sexual outlets from various parts of the body, which Freud calls erogenous zones. The latter are not necessarily confined to the genital regions; they are parts of the body which, when stimulated, furnish sexual pleasure, and the sexual elements which emanate from them are the so-called partial impulses. The infantile sexual aim thus consists in gratification, resulting from the excitation of either the genitals, mouth, anus, or of the eyes, as in the case of looking and exhibition manias, and last but not least, of any part of the skin. As a matter of fact, experience shows that as a result of accidental factors any of the individual senses may develop into an erogenous zone.

As was mentioned above, the first period of childhood is preponderatingly auto-erotic, so that the germs of sexual activity which the child brings along into the world are all of that nature. The simplest form of auto-erotism manifested by the child is thumb-sucking, which the child learns to enjoy while taking nourishment. In some form or other this is never given up. The adult who bites his nails, chews gum, or smokes, indulges in an auto-erotic outlet, the prototype of which is thumb-sucking. There are a number of other manifestations which are quite active in the same period which are unmistakably of a sexual nature. Thus, we have the component of aggression—which is destined to play a great part in both the instincts of hunger and love—the impulse of showing off or exhibitionism, the impulses for looking, touching, hearing, and smelling. Practising mental medicine as I do, I repeatedly come across cases of sex anomalies connected with all the partial impulses. I could mention many cases treated by me because they suffered from sexual aberrations referable to all these senses. But these partial impulses or components of sex must be considered as normal in childhood. The child knows no shame or disgust, consequently he can look, touch, listen, taste, and smell everything. He wishes to see everything; he likes to show himself naked, and above all he feels no sense of sympathy, morality, or disgust. In fine, he acts and feels like any other animal.

It is because of this behavior that Professor Freud designated the child's sexual life as polymorphous perverse or perverse in all directions. But we must remember that the polymorphous perversity exists only when we consider the child's activities in the light of adult behavior, that is, if an adult behaves like the child, he is sexually abnormal. The child, however, cannot be called

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abnormal or immoral—at worst it is unmoral. For such behavior is as natural to the child as it is to all animals. On the other hand, an adult who is in need of such an outlet and cannot resort to the normal outlet, is sexually abnormal or perverse. A perversion is a sexual act which deviates from the normal sexual aim and can attain its outlet only through the path of a partial impulse. For although some aggression, hearing, touching, looking, tasting, smelling, and exhibiting form a necessary concomitant of normal sex, the bulk of these manifestations do not develop to the same extent as in animals and primitives. In the normal child these infantile activities are particularly repressed so that by the time they merge into the second phase of development, or the latency period, they are controlled by the so-called cultural barriers or reaction formations which have been formed by the moral and ethical restrictions of society. Sympathy, shame, modesty, disgust, and morality are the cultural dams which not only keep down the primitive partial impulses, but also enable the individual to sublimate these energies for aims other than sexual. In other words, one part is repressed, another part furnishes energy for social feelings, while the rest retains its original force, but is subjugated to the primacy of the genitals.

I cannot here enter into the evolution of the different impulses; all that I wish to emphasize is that when everything proceeds normally, the individual, so to speak, finds the sexual objects at the age of puberty. To be sure, the civilized boy or girl does not frankly manifest this need, but this is altogether due to our modern way of ignoring and suppressing the sexual functions. Behind the surface the sexual emotions are in full blast, a fact which is readily seen by any observer. However, if through some accidental factors the evolution of the sex instinct does not follow the allotted paths, a weakness or fixation may result, which may lay the foundation for a future neurosis. Or, what is worse, some of the intermediary relations to the sexual object such as touching or looking, which are preliminary pleasures leading to the sexual aim, may in themselves become the end aim, in which case we deal with a perversion. I have seen many cases of men and women in whom the primacy of the genitals has not been established, who, therefore, utilize some other part of the body for the sexual aim, or who obtain a full outlet from touching, exhibitionism, looking. The daily press not seldom reports cases of peepers (*voyeurs*), touchers (*toucheurs*), pinchers (*sadists*), or necrophilia (*craving for dead objects*), and I could report a number of cases whose fixed

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outlets could only be attained through kissing, to whom genital approximation was not only not desirable, but was even abhorrent.

The auto-erotic phase is followed by a latency period, which is from the age of three to five or six, and which is followed in turn by the age of puberty. At this age the genitals have matured and begin to function, and the individual soon realizes that he wants a sex-object from whom he eventually craves genital outlet. To be considered normal, the individual must feel a strong need for a heterosexual object with whom the sexual aim is to be attained in sexual congress. That is the biontic and immutable law which we accept as natural and desirable. Every animal is just a link, I might say a weak link, in the chain of procreation. For in nature the individual amounts to very little; the species must, however, continue at all hazards. Our effort, therefore, must be directed to assisting the child in his normal sexual development, to guiding him in his adjustment to the restraints properly imposed on all civilized beings by civilization. For any deviation from the object and aim is contrary to the scheme of nature and is bound to produce difficulties in the individual and in society. Sexual anomalies do not exist in a natural state, but observation shows that even animals may become abnormal when deprived of their love objects. In its effort to control and regulate the sex instinct society is forced to defer the legitimate mating of its members for many years, usually for at least ten years. This unnatural thwarting produces all sorts of abnormal situations, particularly in those who possess a sensitive constitution. Thus, masturbation is practically a universal practice among civilized youths, and although it is in itself harmless, it forms the *bête noire* of young people. The inadequacy of this outlet gives rise to profound mental conflicts, which form the basis of neuroses in those predisposed to them. Besides masturbation, we have prostitution, with its evil concomitants. Indeed, even a superficial study of the individual readily shows the enormous vicissitudes that he has to overcome in curbing his natural cravings to the restrictions of society. Not all can do so—some develop normally, while others develop neuroses.

Briefly, we can state that the child's sexual outlet is objectless or auto-erotic, while that of the adult craves an object—his own person can no longer gratify him. We thus distinguish an ego libido¹ and an object libido. In the child we deal altogether with

¹ By the term *libido* Freud designates a quantitative and changeable energy of the sexual instinct which is directed to an object. It comprises not only sexual love, but self-love, love for parents and children, friendship and devotion to concrete and abstract ideas.

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ego libido, but as the child grows older, the ego, which forms the great reservoir of all libido, can, and normally does, change into object libido.

The height of ego libido is attained at about the age of four or five, at the end of the auto-erotic phase, when all the partial impulses and components of sex are being collected, as it were, into one bundle on the path to object-finding. This short period of ego libido Freud calls the narcissistic period, because in striving for an object, the individual finds himself as the first object, that is, he becomes aware of his own person as an object of interest and love. He admires his own body, and instead of continuing to speak of himself in the third person as so many little boys are wont to do, he now begins to realize the meaning of the "Ego"; and he forthwith uses the expression "I," instead of "John wants this." It is also in this period that the boy becomes interestingly aware of the importance of his genitals, and unless informed to the contrary, is firmly convinced that all individuals have the same kind of genitals. This infantile theory of sex plays a great part in male homosexuality, where the primacy of the penis is never relinquished. Freud called this period narcissistic, after a Greek youth, Narcissus, who according to the myth fell in love with his own image. The narcissistic period represents the most egotistic state of the person's existence. Normally, it is only gradually given up; the school period with its active competition, which begins about this time of life, undoubtedly helps to divert the individual from his own egotism and forces him to recognize his neighbors' rights.

In the latency period the child comes into actual contact with the outer world, and his narcissism is gradually, so to speak, knocked out of him. A certain amount of it always remains and is compatible with normal health. Self-preservation demands that the individual consider himself first; as the old Talmudic rabbis used to say, "If I am not for me, who will be for me?" The ego libido dominates childhood, but with the advance of age it is more or less controlled and displaced to other objects. This is particularly noticeable in friendship and during the state of being in love. When a man is in love in the popular sense, he throws almost all his libido on the love-object. In a few days, a normal but love-stricken young man spent his whole month's salary on his best girl, and do you think he regretted it? Not at all. He was very happy over it. During the acute stage of being in love, the ego libido is at its lowest ebb. The man is then a mere worm in

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the dust, and the love-object is on her highest level. That is why the acute stage of being in love has always been considered as abnormal; *amantes, amantes* (lovers, lunatics), and "*Amare et sapere vix deis conceditur*" (to love and to be wise is not even conceded to the gods) are old classics, the truth of which has been observed until the present day.

Libido can also be withdrawn from the outside object and turned back to the ego when for some reason the object is lost or given up. It is also a fact that object libido diminishes with age. The older a person, the less likely he is to sacrifice himself on the altar of love. The only altruism that really exists according to Professor Feúð is the love of the mother for her little boy. Nevertheless, under normal states of development the latency period shows a gradual diminution or absorption of narcissistic or ego libido, and although the sexual manifestations seem to be dormant, one observes many signs of object-finding. The young boys show an apparent dislike for the girls; they openly disparage them, while privately they begin to adore them. The young girls become more timid, more sensitive to the approach of men, and gradually begin to display all the phases of the eternal feminine.

Let us now go back again to the auto-erotic stage and follow the evolution of a single component, let us say, that of aggression. A certain amount of aggression is necessary in the struggle for hunger and love. Any animal that is not aggressive will not endure very long in the struggle for existence, and everyone knows that a "faint heart never won a fair lady." All male animals show an active aggressive make-up from early childhood. When a new born boy is exhibited to relatives and friends, one often hears such expressions as "He looks like a real boy!" There is no doubt that the male animal is more aggressive than the female who is passively attractive. In fact, activity and passivity are the only distinguishing attributes in the differentiation of the two sexes. Aggression becomes more pronounced with age, at about two the little boy shows an active and destructive aggression, which we designate as the anal-sadistic organization. For if we watch a little boy at the age of about two, or even earlier, we will note that he is inexorable in his aggressive demands. He has no regard for anybody or anything; he wants everything, regardless of logic, and when thwarted, he screams, shouts, and bites. Left to himself, he would grow up as a little savage, or like a wild animal. But society, which impresses upon the child during the first four years of its life the results of many thousands of years of civilization,

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takes it upon itself to curb the aggressive little savage and mould him into its own pattern. When he screams, he is told to shut up, and if he persists in misbehaving, he is often spanked.

I have known of children who have been spanked by irate parents when they were only a few weeks old. But even if corporal punishment is not administered, as is now often the case, the force of the "big people" is strongly impressed upon the child. His aggression must be controlled, and, given a normal child, the outer world invariably wins. For sooner or later a reaction formation of a dam of sympathy becomes erected which henceforth holds down the aggression. The word, sympathy, comes from *syn* and *pathos*, which means to feel with or suffer with. Through continuous training the little boy is made to feel with his fellow beings; he is forced to identify himself with his neighbor's suffering. I recall a little boy who took great pleasure in throwing out of his crib a toy dog and then screaming continuously until it was returned to him. This toy dog could be made to bark through hand pressure, of which the little fellow was as yet incapable, but when he threw it out of his crib the impact of the fall made it bark. When he suddenly discovered this, he repeated the process over and over again to the annoyance of his parents, who were forced to pick it up for him. When he grew older and began to walk, he would do the same thing to his mother's pet Pomeranian. His greatest pleasure was to throw the dog off his chair so as to make it yelp, and despite repeated admonitions, he repeated it whenever possible. This mischievous action gave him great pleasure because it made him conscious of his power. His mother loved her pet. Consequently, she often chided him for maltreating it. She even strove to instill in her little boy a love for dogs; she would often say, "Pet the doggie, nice little doggie," all of which was of no avail. One day when he again abused the dog the mother lost her patience and knocked him down, saying "What you do to the dog, I will do to you." The little fellow cried his heart out, but the mother tells me that he never abused her pet again; in fact, he now loves the dog, who is his constant companion. By her act of violence the mother actually forced the child to "feel with" or to empathize himself into the dog, and thus erected a dam against his primitive cruelty. Sympathy is the reaction formation that holds down the innate cruelty. Every civilized being shows this reaction to his primitive aggression. We do not like to see people suffer; we do not even like to maltreat animals, because we feel with them. We unconsciously identify ourselves with them.

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If the aggression has not been properly repressed, a weak spot or a fixation may result through some accidental experiences. There may have been a lack of curbing, too much punishment by parents, or long and persistent suffering through diseases of early childhood. The resulting reaction formation in all such cases must be correspondingly strong. Thus, I can mention a number of people who were active workers against cruelty to animals—one a well known anti-vivisectionist—who were in childhood extremely cruel to animals, or were treated cruelly by parents. One of these patients was so extreme in his feelings that he became a vegetarian. He is now in a quandry because someone told him that plants, too, live and feel. He simply cannot accept the natural law that everything living must live on something living.

The anal-sadistic stage is so designated because at the age when the child evinces marked aggressive tendencies, he also expresses himself forcibly through his anal functions. For the first ego organizations of the child are expressed by the mouth and the anus. The mouth, or oral organization, which can be observed at a very early age, already expresses the child's characteristic ego. Many children bite their mothers' nipples; this is particularly true of boys. I have a large collection of notes brought by mothers which tell of their experiences with breast-biting. Girls also bite, but boys bite more than girls for both defense and attack. Children also express their pleasure and spite through their mode of taking nourishment. They refuse to take nourishment when they are irritable and displeased with the parent, and when forced to take food will frequently refuse to swallow it. I have seen children who have kept food in their mouths for twenty-four hours and longer just for spite. They not only deliberately refuse to swallow food, but often vomit it up after they have been compelled to eat. This oral resistance displayed in early life is frequently repeated later in adult life. Loss of appetite, nausea, vomiting, and other gastro-intestinal disturbances form the most frequent symptoms in the psychoneuroses.

The next ego manifestations, which are even more important for normal development, are those connected with the anus and its activities. Civilization demands that we lead a sanitary existence, that the excrements should be properly disposed of, and after thousands of years we have developed disgust, which is one of the most potent reaction formations against the interest and pleasure in the excrements. If an individual possesses no disgust, he is surely not normal, and if he is incapable of developing it,

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he is mentally on a low level. For it is the feeling of disgust that keeps us from indulging in the polymorphous perversities of childhood.¹ To the child, faeces constitute a valuable possession in which he is interested until he develops the reaction formation. Nevertheless, even in adults disgust for faeces and their odor is more apparent than real. One is surprised to find that people like to linger in the toilet much longer than necessary. They frequently sit there and read, and I have known some who referred to their luxuriously furnished closets as "the library." It would seem then that people are disgusted only by the excrementitious odors of others, but not by their own.

However, sanitation demands early training for the control of anal and urethral functions, and parents, therefore, begin to regulate them at the beginning of childhood. Pediatricians take due note of this need, and some have devised special ways of training. I recall that in my student days I heard Dr. Holt recommend that mothers insert a glass rod and stimulate the anus at regular intervals in order to establish a certain regularity in the movement of the bowels. Within the last five years I have had two patients who were started as neurotics in this very way. In addition to other symptoms, they were both marked anal erotics. To be sure, Dr. Holt was entirely unaware of the permanence of early infantile impressions and their harm in predisposed persons; what he wished to bring about was the control of what modern homes consider disagreeable habits. Parents exert more emotional feeling in the training of the child's bowel-control than in any other function. The little boy has to empty his bowels before he is put to bed; otherwise, the household routine would be disturbed—but no child wants to be put to bed. Hence, the child frequently refuses compliance. But civilization is based on strict regulations and cooperation—we have to eat at a certain time, go to bed at a certain time, and attend to our natural wants at a specific time. One forever hears in the nursery such expressions as, "Do your duty," or "Do number two," or some other cryptic expression. The home routine for the night must be put into operation, the child must be put to sleep. The mother or nurse wishes to go out, but before doing so must make sure that the child will not meet with an accident during sleep. As the grown-ups are so eager to obtain from the child his excrement, the child soon becomes alive to its importance. He thinks that it must be something very valuable; otherwise, his

¹ There are also ethnic reasons why we control the disposal of the excrements, into which we cannot delve here.

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mother or nurse would not be so anxious for it. Faeces then becomes a symbol of power, for through the anal function the child can express spite and resistance. Moreover, the child actually derives pleasure from defecation, especially when he is slightly constipated, so that he likes to linger at the act. If the child is angry or does not wish to be put to bed, he refuses to empty his bowels.

Right from the beginning every child endeavors to express himself as a free and independent being, and the oral and anal activities are the first two ego-organizations which serve this purpose. Through them he shows his resistances and contempt for the rules and regulations which are foreign to his primitive nature. But, as said above, in the normal child the reaction-formations of sympathy, disgust, and morality soon develop, and these cultural dams tame the primitive aggression and subject the natural functions to proper control. The child then shows pity, modesty, shame, and a sense of cleanliness—attributes which are absolutely necessary for civilized life. One of the surest diagnostic signs of mental deficiency is a general incapacity to develop these dams. But, even in the average child, fixations or weak spots, resulting from accidents, remain places of least resistance to which libido may later regress. In such cases the main stream of libido, which is normally directed to object finding, is weakened, and we may have a perversion such as sadism, or the negative of the perversion, a neurosis. In the latter case, instead of exercising pathological aggression on animals or human beings, the constitutionally predisposed person develops symptoms in the form of phobias, doubts, and obsessions. Instead of consciously desiring to hurt or torture, as in the case of sadism, the obsessive neurotic forever fears that he may be the cause, directly or indirectly, of injury or death. A pin from his shirt might be swallowed by a child with fatal results; he might pick up germs from a door knob and infect others with tuberculosis or syphilis, etc., etc. There is no end to the tortures and misfortunes that he might cause to others. Or by the same reasoning, all these misfortunes may be directed to his own person. In that case the patient takes himself as the object of aggression. The neurosis, according to Professor Freud, is thus the negative of the perversion.

To sum up, we can say that all sexual manifestations, be they normal or abnormal, have their origin in the sexual activities of childhood. Normally these activities gradually undergo a definite development and the individual can then function in a normal sexual manner. Any sensitive child subjected for a time to cer-

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tain impressions may either be impeded or prevented from reaching the normal goal, and may then be sexually below par or sexually abnormal. I wish to emphasize the fact that a poor environment has nothing to do with the situation. On the contrary, my records show that perversions and inversions are more likely to happen in very fine home environments. Only sons are in a more favorable environment for homosexuality than those who have siblings. Pathological peeping and exhibitionism never develop in homes where there is sexual frankness. All of my cases belonged to homes where the utmost care was exercised to keep the child from seeing the sexual elements exposed. Nor are sexually abnormal people mentally or emotionally degenerate as so many physicians and laymen believe. As a rule, my cases were above the average in mental equipment. But it must not be forgotten that the defectives are also invariably abnormal in their sex life. In other words, sex is a natural instinct which must be definitely developed to meet the unnatural environment of civilization. Freud deserves the greatest credit for showing us the whole development of this instinct, so that we can now understand the relation between the normal, the pervert, and the neurotic.

BIBLIOGRAPHY

- Brill, A. A.: "The Sense of Smell in the Neuroses and Psychoses," *The Psychoanalytic Quarterly*, I, 1 (April, 1932)
"Necrophilia," *J. of Crim. Psychol.*, Vols. II, III
Freud, Sigmund: "Contributions to the Theory of Sex," *Monograph Series*, No. 2, 4th ed., trans. by A. A. Brill

HYSTERIAS AND PHOBIAS

THE hysterias comprise a large number of symptom complexes, which were among the first to be recognized as being of psychogenic origin. The very word "hysteria" contains the oldest known theory concerning its nature. It was simply a "wandering of the womb." It remained for Freud to describe the true nature of hysteria, but not that alone; he was at the same time able to appreciate the nature of the methods of treatment to which hysteria yielded.

In preface a word must be said about the history of this condition. Whereas hysteria must always have had the same limits as a pathological entity that it has to-day, clinically its manifestations are peculiarly subject to certain social influences—fashions, if you will—which change with age and clime. The "dancing tics" of the Middle Ages were undoubtedly infectious hysterias, but one sees none of them to-day for obvious reasons. Even the *hystérie grande* so common a generation ago is hardly even seen now. I once asked Dr. Ferenczi how he accounted for this, to which he laconically replied, "It is because Dr. Charcot's clinic no longer exists."

The hysterias comprise two main groups: conversion hysteria and, anxiety hysteria (phobia). These two groups differ both clinically and dynamically, hence must be treated separately. In conversion hysteria the presenting phenomenon is a somatic disturbance, usually without much emotional accompaniment, except that associated with the inconvenience caused by the symptom. In a phobia there is a violent fear associated with an idea, object or situation, and the efforts of the patient are to escape from, neutralize, or in some way circumvent the dreaded situation. Even on superficial examination one can see that the conscious ego of the patient is much more involved in the conflict of a phobia than in the case of conversion hysteria. In the latter condition, the conscious ego knows that it is suffering, but beyond that acts as if it had no real concern in the conflict that is raging. The symptom in conversion hysteria becomes encapsulated, so to speak, and hence arises the well known *belle indifférence* of the hysteric. In the phobia, the ego is much more uncomfortable between the punitive demands of

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the super-ego and the insistent demands of the id, and the ego has a great deal more active intervention to do. From a subjective point of view, it is easy to see how a conversion symptom really buries the conflict, gives it a certain permanence, and permits the rest of the personality to live on in relative peace. But the subject of a phobia is constantly whipped on to more and more anxiety-relieving activities, which are generally no more effectual than the labours of Tantalus.

The first question that needs to be answered in conversion hysteria is: "How can a somatic symptom be the carrier of certain ideas or emotions?" To answer this, it is better to use illustrative material. The nature of what a conversion hysteria effects by means of symptoms can often be observed in cases that have not been treated psychoanalytically. The following case history is illustrative:

A woman of thirty-two came to a free clinic for the treatment of a persistent tic of about six weeks' duration. The tic consisted of a whipping motion of the elbow. Her conscious effort was directed chiefly at holding the upper arm in adduction and the hand at rest. This jerking was constant, except when the patient was asleep.

In a very characteristic manner the patient disclaimed any knowledge of the nature of the symptom, nor could she give any account of the circumstances under which it arose. It must be noted that this was not a deliberate withholding of information—she really did not know. She described her domestic situation in a rather formal manner; she was married and had two children; her husband, though not rich, was a devoted provider for the family. She was not unhappy and insisted that her sex-life was entirely satisfactory. She enjoyed the sexual act, and, moreover, had a satisfying orgasm. She could not remember the circumstances under which the symptom first appeared, except that it was one summer evening at her sister's house. After considerable prodding, I decided that questioning would lead to nothing; moreover, since the symptom caused her so much distress and inconvenience, I decided that hypnotic treatment was indicated.

She was hypnotized with great ease by the use of a soothing technique, the ticking of a clock being the stimulus on which she was asked to concentrate her attention. The readiness with which she submitted to the whole procedure was most impressive. Not knowing very much about the nature of the symptom, I could hardly use more than a negative suggestion when she was in a

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hypnotic state. It had the desired effect, for after about ten sessions the symptom had practically gone, and she was able to resume her household duties. However, the patient would not hear of discontinuing the treatment; she had a great deal to tell me. It was evident that the congealed emotional state which was associated with the tic had thawed. She spoke with a great deal more vividness about her troubles.

The patient was the younger of two children, having one older sister. Her father was, during her childhood and adolescence, a man of considerable means, but who had met with reverses when she was about twenty years old. She was not by education or training equipped to earn her own livelihood and accordingly had to wait for the first opportunity to get married. Her older sister married when she was about twenty-one, also a man of considerable means. The patient herself had a difficult time choosing from among her suitors. Finally she decided, though it was a compromise with what she really expected.

As time went on, this became a downright disappointment. Her husband proved to be a man who, though industrious and thrifty, set himself very modest objectives. The patient herself was devoured with envy of her sister who could wear very fine clothes, have an automobile, and entertain lavishly. Her discontent she expressed in the form of scolding her unresponsive husband, upon whom it had no effect whatever.

One day her sister invited the patient to spend a week-end at her country home. Her sister regretted that she could not send her car, and the patient was therefore advised to travel by train. As she sat down in the train, a man sat next to her whom she immediately recognized as one of her former suitors. As they conversed, the patient became more and more disturbed. The patient reproached herself for having lost a really splendid opportunity for having all the things in the world that she most desired. This man was extremely prosperous, also had a country home, car, servants, etc. She came to her sister's house in a very disturbed state of mind, and while they were at dinner, the patient's arm began suddenly to jerk, so that she had to leave the table.

The nuclear situation is therefore clear: hatred of her sister (mother), anger, and some violent demonstration against her. Moreover, guilt compelled her to stop eating; something made it impossible for her to accept her sister's hospitality. From this point the patient developed in great detail the story of her long repressed

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hatred and jealousy of her sister which did not abate as they grew older. Her symptom therefore had the following text: "I hate you (sister, mother) who have married a rich man (father), whom I love and must surrender to you, while I can have only a poor man. I would like to kill you, but I may not."

But this was not all. It was quite apparent when the patient lay on the sofa that the tic also connoted masturbation, because the movements of the arm were typical. The patient naturally resented this interpretation. However, she admitted that for a long time prior to marriage, and indeed for considerable time prior to the onset of her symptoms, she was given to this practice. Masturbation began early in childhood, continued until the time of marriage, ceased for about four years, then was resumed after the birth of her second child.

The symptom therefore contains the wish to kill the mother and to possess the father by way of a masturbatic equivalent. Her guilt-feeling is satisfied by the inordinate feeling of failure she has in connexion with her husband's poverty.

The content of the neurosis is, as we see, quite the same as in all neuroses. The differential feature lies in the method of expression. In this particular case the ideas expressed in the symptom or in a condensed way were simply acted out, dramatized. This is very often the case with certain tics. Very often, however, a conversion symptom represents ideas and emotions which are very remote from their manifest content. The reason for this is that the hysteric maintains at his disposal somatic innervations which function in early childhood, but which in the course of ontogenesis are repressed, coincident with the repression of infantile autoerotisms.

Let us consider briefly a *symptôme passager* in the course of a prolonged analysis. A man of thirty-six suffers from time to time of prolonged periods of obstinate constipation, lasting four to six days. During these periods the desire to move his bowels is frequent, spasmodic, but always ineffectual. The symptom always arose in connexion with severe hostility toward the analyst. It can be stated as a general fact that regression to pregenital levels of functioning is affected with a gain to the individual. The stimulus for the regression is naturally a castration fear; this fear is in part, at least, neutralized when the aggression is asserted on a pregenital level. In this particular case the patient always expressed his regression in an anal manner, and as one might expect, had very

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little anxiety. Conversion symptoms in the form of impotence and constipation were his methods of choice. On one occasion, after a five-day period of constipation with attacks of tenesmus, he brought the following: he had attended a gathering on the evening previous where a man held forth on Soviet Russia, describing the state of affairs there as being very successful. The people were prosperous and happy. The patient, although he has no convictions on the subject of Soviet Russia, was depressed by this. He felt worse as the evening proceeded. When he came home he had fantasies of suicide; he was a failure, life held nothing for him. He played with a loaded gun and finally went to bed. During the night he had a dream which consisted simply of a friendly conversation with me. He awoke the next morning with the feeling of tension much relieved, and toward the afternoon had a normal, not explosive, bowel movement.

When he was asked what occurred to him about Soviet Russia, his associations were: revolution, regicide, and patricide. The patient could not subjectively concede that a patricide could be happy. His own feeling of guilt demands punishment, therefore suicide. Subjectively he could not concede the plausibility of a happy state in a patricide. On the contrary, his own hostile fantasies about his father gave him a profound feeling of guilt. He therefore followed this with fantasies of retribution. The dream confirms the need for punishment by denying that a state of hostility exists, whereupon the patient is able the next day to move his bowels normally.

The explosive bowel movement which in his symptom is so violently inhibited is therefore an act of violence. In the symptom of constipation the aggressive impulse and the inhibition meet. The patient is an extremely inhibited person, very subservient and inwardly hostile to his superiors. The patient remembers clearly how as a child he judged a man's prowess by the character of his bowel movement. The patient has preserved certain innervations which in the normal individual are successfully repressed.

Perhaps the commonest of all conversion symptoms is impotence. Consider the following case:

A man of thirty-seven complains of impotence of about two and a half years' duration. Prior to this time he had no difficulty in this direction. However, he was more or less dependent upon the practice of *fellatio* as a fore-pleasure.

He was the youngest of three boys, and during his childhood was subjected to many humiliations natural to his position, which

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whetted his hostility toward his brothers and father. He became his mother's favourite. At the age of eight he was seduced by his next older brother into submitting to *fellatio*. This continued for some time until he began to manifest increasing resistance to the act. This was a kind of "manly protest." In fact, this protest dominated many of the activities of his boyhood. At fourteen he was already full grown, at sixteen had a moustache, and at seventeen was already consorting freely with women. At seventeen he became attached to a woman, much older than himself whose chief pleasure was the performance of *fellatio*. However, he always completed the sexual act in the normal manner. His potency was unusually vigorous.

He married at twenty-eight and soon desired his wife to have a child. His wife, however, was sterile for some organic reason connected with her adnexae. This was a privation under which the patient rapidly regressed. At first he showed it in hostility to his wife, then in looking for substitutes in a child or in a dog, then in making plans for adopting a child, and finally in impotence.

One day the patient remarked that ever since adolescence he was subject to an uncomfortable feeling when he was alone with another man, which he could only relieve by removing himself from the other's presence. He then proceeded to tell how he did not regard himself as a very manly person, how he feigned a deep voice, that he had narrow sloping shoulders, that he had no hair on his chest, that his genitals were too small, etc. Finally it occurred to him that his potency began to decline after his mother's death. In fact, the symptom began at her burial, as she was being lowered into the grave. At that moment he felt that his genitals had disappeared. This fact he remembered immediately, but could see no connexion between the two phenomena.

These associations speak for themselves. The patient solved his early Oedipus conflict by becoming passive, feminine to his older brothers, as father substitutes. This was associated with reaction formation in the form of over-extending himself on the side of masculinity. In the *fellatio* fantasy he is identified with his mother. This fantasy being satisfied through *fellatio*, he is then able to be a man. What occurred at his mother's grave corroborates this hypothesis. He identifies his genitals with his mother's breast. And in his wife's sterility he naturally suffered a severe rebuff to his "maternal instinct."

At this point of the analysis the patient temporarily regained his potency. However, after a successful coitus he brought a dream

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of a man masturbating him (castrating him). It was evident, therefore, that his greatest resistances toward being potent were hidden in his deep homosexuality.

In the general economy of conversion hysteria, the problem of anxiety is completely circumvented. It is, therefore, very successful for solving the neurotic conflict. The choice of an organ that is used for hysterical purposes is determined largely either by constitutional factors or through the accidents of nurture, sometimes both. Thus a boy of thirteen who, as a result of masturbation conflict, succumbs to oral and ocular tics. He showed very early in life a marked tendency toward exaggerated pleasure in oral activities. The choice of the oral zone in this instance is due to the fact that he suffered a severe trauma in the form of the birth of a sister during the oral phase of his development. For a long time he satisfied his oral cravings by eating voraciously, until his prodigious gain in weight made it almost impossible for him to carry himself about. When he had to surrender these oral activities, the tics made their appearance. However, the hysteric always achieves a genital development, with true object fixations, from which he retreats only to reactivate the innervations and cathexes which normally become obsolete. In a conversion symptom the danger element is not conated as such, because the somatic form in which the symptom is expressed completely closes the affect from consciousness. Hence the indulgence of the repressed appetite encounters no external check and, moreover, escapes the danger from the critique of the super-ego. It is highly probable that the sadistic element in conversion hysterias is quantitatively smaller than in anxiety hysteria. This, probably, explains why the punishment element in conversion symptoms, though present, is not so prominent.

The prognosis in conversion hysteria is excellent with psycho-analytical treatment. In the treatment of these conditions the transference is most transparent, and the demonstrability of the neurosis is enhanced by the ease with which the patient is able to converse with the analyst, so to speak, in his somatic language.

In the case of anxiety hysteria we deal with a much less successful, more distressing, and more primitive type of reaction. Anxiety hysteria is the typical infantile neurosis. It has as its prototype certain infantile reactions which cannot be considered as anything abnormal when one considers the biological inadequacy of the human child. A child who is afraid of the dark, or who is afraid of being alone, has placed into motion a kind of prophylactic

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anxiety which is easily satisfied by the presence of the protecting parent. The child who says to his mother: "When you are with me, it is light," describes the psychology of this normal anxiety quite completely. However, in anxiety hysteria the analogy to this normal anxiety ceases, because in the latter case the prophylactic anxiety is no longer a defence against a real danger. It does, however, express a complete inadequacy to deal with a danger-situation that has an entirely different origin. Emotions never change their intrinsic value. Anxiety is 'under all circumstances a warning of an impending danger. What situations create this danger-situation for the anxiety hysteria?

If we ask the patient where this danger lies, he tells us of an idea, an object, a location, or a situation where the danger lurks. At this point we can no longer understand him. He fears a disease of whose existence there is not the slightest evidence, he fears an object which singles him out as an object to attack, but leaves the rest of the world in peace. This is the case with the animal phobias. Or he fears a situation in which all other people can exist in perfect security, as in street phobias. In the case of real danger, disaster will overtake anybody who happens to be exposed to it. For instance: a lion breaking out of the cage will attack anybody who happens to stray in its path. In the case of phobias the fear seems to be contingent upon a factor which the patient as a rule does not express, namely that there is something within him that will provoke the attack. In other words, the signal for the danger is given by some subjective condition. The phobia completely expressed reads thus: "If I do such and such, then the horse will bite me."

The signal for the danger situation is the gratification of some forbidden instinctive pleasure. This latter, however, the patient does not perceive. On the contrary, the danger situation lies somewhere in the external world. By means of projecting the source of danger into the outside world, the subject is able to make a more or less adequate defence thereof; a danger from an instinctive source is thus changed into a danger from an external source.

This in brief is the scaffold structure of a phobia. The following case history illustrates the chief features of this entity:

A man of thirty-two comes for the treatment of a fear of developing a cancer of the throat and a fear of dying of heart-failure. The symptoms took this particular form about four months prior to the time he consulted me. Before that he had only ill-defined anxiety

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He was married, had one child. His married life was not very happy. His acute symptoms broke out very shortly after the death of his sister, who died of cardiac disease.

The patient was the oldest of five children. The one next to him was a sister, three years younger. As a child he remembered how he resented her birth and how he became petulant with his mother because of her. He remembers frequently wishing that he were in his sister's place in order that he could continue to have his mother's love. In childhood he had a typical fear of being alone, fear of burglars, etc. The hatred of his sister he finally overcame when he was about twelve, when he frankly used her for his masturbation fantasies. The circumstances of his marriage were not of a kind to render it a very happy one. Long inhibited to women, he was finally seduced by a girl whom he impregnated and whom he married under the fear of a scandal. He remained economically dependent upon his father who disapproved of the marriage. Presumably to escape the economic burdens of a child, he had his wife aborted. This provoked a severe feeling of guilt which prevented him on the next occasion that she became pregnant from having an abortion done.

His efforts to live his sex life on a genital level were severely inhibited by the fact that most of his libido was engaged in a passive feminine attitude to his father. This he rationalized on the basis that his father ought to supply him with money to tide him over his difficult years. He was constantly courting the favour, by means fair and foul, of older and richer men who could enhance his opportunities. He could not love his wife, he said, because she prematurely thrust responsibilities of the household upon him. That is, she wanted him to be a father and a husband. This, he said, interfered with his opportunities for growth, which to him meant to be favoured by older and richer men. All of these factors were faithfully re-enacted in his transference reactions to me. He wanted, for instance, to be treated by me free of charge.

The true nature of his demands of me and his father were brought out clearly, when on my refusing to treat him free of charge, he went to an internist to have his esophagus and stomach x-rayed. The doctor gave him a barium meal to drink and discovered that there was no cancer. For a few days his fear of cancer was relieved. His dreams, however, indicated the true state of affairs: it was a fellation fantasy (breast fantasy), and satisfied

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the wish to be at the maternal breast in place of his sister. He subsequently displaced this wish on to his father, now on to me.

The guilt at having his wife aborted was a reaction to his own hostile wishes against his siblings. Moreover, his hatred of his siblings was expressed in an oral-sadistic manner. When he was a child, he lived through a severe economic depression, at which time he heard much of people who were starving, and also heard that for want of better food parents not infrequently ate their own children. Then for a long time he was obsessed with the fear that he would be eaten. He tried to console himself by certain precedents in the Bible; he thought that the oldest son was sacred among Jews, and therefore he might be spared; however, he considered that being so much bigger than the other children, he would make a better meal. He decided, however, that somehow one of the other children would be eaten. During his childhood a frequently recurring nightmare was one in which a man was dismembering a child.

It was clear from his cardiac phobia that he identified himself with his sister. Moreover, this identification was a very old one, established at a time when he was in his oral-sadistic phase of development. First he envied his sister the fact that she had taken his place with the beloved mother. The strong wish to be in his sister's place subsequently took on another function when it offered him a solution to the Oedipus conflict. To be a woman, castrated, renders him immune from the dangers that come from his masculine wish to possess his mother and kill his father. This wish he expressed so graphically in his oral-sadistic manner, the fear of being eaten up, which was the idea of being castrated several times displaced, and to be born again as a girl (his sister). This is not an uncommon fantasy in boys who have younger sisters.

In his transference reactions he brought his passive feminine longings to the fore. His potency temporarily diminished, then in his dreams he surrendered his wife to me—which really meant putting himself in her place.

The content of this phobia was therefore the fulfilment of the childish wish to be a girl. This was later in the analysis supplemented by the wish to be pregnant. It was expressed in terms of his oral-sadistic organization, but expresses not only the libidinous wishes of that phase alone, but, also, the later one associated with his phallic phase, in connection with his Oedipus conflict. It is characteristic of hysteria to use pregenital fantasies to express genital wishes.

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We may now ask why does this man have anxiety—irrespective of its content? From his history it is evident that he was an exceedingly demanding child, one with inordinately strong libidinous needs. In addition, he was an extremely aggressive child. The repressions demanded of him by circumstances he could not control, like the birth of younger children, he effected only with the greatest difficulty. His aggression could only express itself in a form in which the aggression was turned against himself. Hence the punitive element in his phobia is inordinately strong—cancer, to be eaten up; and to suffer the untimely death of his aggression is expressed against himself. His aggression, moreover, constantly remained tied to its infantile goals; he was not able ever to turn it into socially useful channels. The signal for the anxiety in this man arises therefore from the inner perception of his own hostility to the world. It is the repression of this component which gives his neurosis the façade of passivity and femininity.

As regards the problem of anxiety, space does not allow treatment of this nuclear problem of psycho-pathology. Recognizing very early in his work the connexion between repressed libido and anxiety, Freud first thought that the one was simply transformed into the other. He has modified his view, since the structure of the ego has become more apparent to him. Anxiety is under all conditions provoked by a perception of danger. It is doubtful whether a child is able to have anxiety until the development of the ego has proceeded a certain distance. Clinically it is a readily demonstrable fact that, when under certain conditions the organization of the ego is demoralized, in place of anxiety, we find that much more primitive and automatic types of reaction are instituted. This is true both of the dangers that proceed from instinctive demands (*Triebgefahr*), as well as from dangers in traumatic situations of external origin. In the latter one frequently sees that when anxiety cannot be mobilized, there appear automatic reactions which are phylogenetically much older than anxiety, and which in a general way resemble the epileptic reaction type. In the case of the dangers of instinct origin I have often observed that a subject with a phobia is protected as long as he is able to perceive the danger-situation. Under certain conditions such patients find themselves trapped by real situations, in which the phobia is no longer able to exert its protective function. Under these circumstances the patient can find protection only in much more regressive reaction types, and at the expense of further splitting of the personality, such as we find in the schizophrenic reaction.

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The phobia lends itself quite readily to psychoanalytic discipline. However, the prognosis, though generally good, is contingent on a great many factors which one cannot judge until after months of analysis. I have found prognosis better in women than men. In general, one can say that there are two factors that qualify prognosis most frequently: the flexibility of the patient's environment and the extent to which the masochistic element has spread itself and become a source of libidinous gratification. The latter condition applies especially to male subjects. As regards the first condition, one must remember that a phobia serves a useful purpose. If after analysis the patient can modify such environmental conditions that keep the neurosis active, the prognosis is good. It is difficult for a woman of forty, married to an impotent husband, to avail herself completely of the possibilities opened up by analysis. But even in such cases, one is frequently surprised by the good results afforded by the possibilities of sublimation. One cannot, however, teach a patient to sublimate. As regards the second condition—the extent to which the punitive masochistic element has become a source of profit—this is, of course, a quantitative factor which influences chiefly the duration of the treatment.

BIBLIOGRAPHY

- Alexander, Franz: *Psycho-analysis of the Total Personality* (Washington: Nervous and Mental Disease Publishing Co.)
- Deutsch, Helene: *Psychoanalyse der Neurosen* (Wien: Internationaler Psychoanalytischer Verlag, 1930)
- Freud, Sigmund *Hemmung, Symptom und Angst* (Wien: Internationaler Psychoanalytischer Verlag, 1926)
- "Introductory Lectures to Psychoanalysis," *British Journal of Medical Psychology* (1920)

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OBSessional NEUROSES

THE compulsion neurosis¹ receives its name from its most characteristic and cardinal feature, compulsion. The patient feels compelled to say, do, or think something which even during the process appears to him absurd, purposeless, or totally strange. Should he attempt to restrain the compulsion, he is not successful, or not for long, for he is soon overcome by intense anxiety which persists until he gives in to the compulsion.

The content of the compulsion itself may be most varied. Freud has said that the wildest psychiatric fantasy could not have invented such an illness, so different, so striking, and so individual is the symptomatology. Yet psychoanalytic observation has shown that a certain regularity obtains in this apparent wilderness of bizarre symptoms. In general there seem to be two types of compulsive phenomena. The patient is obsessed by ideas that are pointless and absurd or such as are repugnant to his conscious moral and aesthetic feelings. Fantasies of killing a beloved person, of shouting an obscene word, of soiling himself or others, of having sexual relations with a near relation or an animal, are outspoken examples of such obsessions. On the other hand, other symptoms (and these usually occur as *acts* in contrast to the fantastic obsessional thinking) have a definite moral or social import; they resemble penances, atonements, and punishments, or serve as precautions, prohibitions, and restrictions. Commonly, ordinary every-day activities such as eating, dressing, washing, etc., are elaborated into highly complicated rituals. A compulsive act is frequently an obvious exaggeration of the demands made on the individual during his upbringing. The compulsion to wash the hands countless times during the day is a common example of this type.

¹Compulsion neurosis is the term commonly used in America to translate the German *Zwangsneurose*. The British prefer the term *obsessional neurosis*. In psychoanalytic circles, either term is applied to cases showing the type of symptomatology described in this paper. There are many cases of "mixed neuroses," in which compulsive symptoms occur along with phobias or hysterical phenomena, and such symptoms may also be found in the manic-depressive psychosis and in schizophrenia. Agoraphobia seems to occupy a position midway between phobia and compulsion neurosis (Helene Deutsch). Janet's term, *psychasthenia*, covers the compulsion neurosis, but also includes tics, phobias, diffuse anxiety states, and "neurasthenia."

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But all obsessions and compulsions are not so immediately transparent as the examples given above. As Freud has said, one of the astonishing things in the compulsion neurosis is that the patient frequently does know the content of his own obsession. The latent fantasy is usually distorted through displacement and condensation, following the psychological principles discovered in dream analysis, so that the conscious content serves as a disguise for the latent (or true) meaning of the obsession. Thus, a young man with a severe compulsion neurosis suddenly felt compelled to stop for a moment while walking, and go through the following obsessive chain of ideas: "Shall I move my left foot first? Yes, I'll put my left foot down first. But I *can* put my right foot down first, so I *will* put my right foot down first." And with the word "will," he would set down his right foot.

The analysis of this little piece of behavior, which seemed as absurd to this very intelligent young man as it does to anyone else, but which, for all that, he had no power to resist, revealed these facts: in his childhood, when he had been troubled by sexual desire, his father had told him, "You must use will power." Just before this compulsion became manifest he had consulted a physician, who had reassured him and also used the same words, "You must use will power." It was while he was walking home from the physician's office that he first felt the compulsion. The patient found the explanation of it himself; when he said, "I *will* put my right foot down," he was "using will power." He was indeed at the time struggling with sexual desires and masturbatory impulses, and by his compulsion he showed his wish to ward off these impulses.

To understand the meaning of more complicated obsessions or compulsions, we must find the original content, which not infrequently was conscious in its "true" form at the first appearance of the symptom, or (following a hint of Freud's) note what appears as spoken words in the patient's dreams. These verbal statements frequently give directly the latent content of a compulsion.

We gain some insight into the structure of a compulsion neurosis by noting which part of the total personality the compulsion or obsession serves, and what relation the symptoms bear to each other. It is clear from psychoanalytic experience that the criminal or perverse fantasies which appear starkly or symbolically in the patient's consciousness are exactly those which we find as unconscious ideas in hysterics or in the dreams of normal persons. In other words, these ideas are the representatives of unconscious

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infantile wishes. Following Freud, we now speak of the asocial, instinctual, ego-alien part of the personality as the id. These ideas then represent the impulses of the id, and the ego by permitting consciousness to entertain them has given in to this primitive part of the personality.

The over-moral or over-aesthetic activities, on the other hand, are executed by the same ego at the behest of the individual's *unconscious conscience—the super-ego*. Just as the *compulsion neurotic* does not know what the true nature of his instinct needs are, so he also does not know his own latent moral code. He forbids himself, or more accurately, his unconscious conscience forbids him, activities that according to his conscious moral code are ethically indifferent or even praiseworthy. It is important to emphasize how unconsciously and automatically the super-ego works. Radó has used the happy expression, "conscience instinct," to picture the compelling nature of the unconscious urges of the super-ego.

The compulsion neurotic's ego may be thought of as the servant of two masters. Part of the time it gives in to the impulses emanating from the id, part of the time to those from the super-ego. Compromise formations may take place in the symptomatology. Thus a compulsion to wash certain parts of the body a certain number of times, originally designed to ward off masturbatory impulses, may at the same time be a substitutive masturbation (i.e. accompanied by erotic thoughts, conscious or unconscious); or a moral compulsion may directly follow or precede one of the opposite type. It is apparently the object of the compulsion neurotic to attempt a sort of balance, quantitatively equalizing the extent to which he gives in to the primitive side and the moral side of his total personality. Thus the compulsion neurotic suffers as much from his unconscious morality as from his unconscious criminality. He has not only unconscious "sins" but also an unconscious sense of guilt, or need for punishment. Alexander has shown what use is made of the moral compulsions: they are, in his terse phrase, bribes to the super-ego, which then foregoes its repressive function and permits the gratification of instinctual urges.²

At this point the question may well arise, what is repressed in the compulsion neurosis? If a person can entertain incestuous, murderous, and perverse thoughts in consciousness, what is he not aware of? The general answer is, that he has repressed the affect

² Franz Alexander's *Psychoanalysis of the Total Personality*.

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or emotion appropriate to the thoughts he entertains, and the relationships which maintain between them. Thus a fantasy of torturing a beloved person may occur without any feeling of rage; though the same patient may go through endless ceremonies of locking his door, concealing the key, putting chairs before his bed, stretching strings across the floor, etc., each night before retiring, in order to prevent his leaving his bed while asleep and carrying out his violent impulse. And he may be completely unaware of the *connexion between his obsessive idea and his protective ritual*.

A fragment of a case history may serve to illustrate some of these points. A man in the thirties came for analysis because of a counting impulse which seriously interfered with his comfort and efficiency. While walking on the street, he would suddenly be compelled to stop and count to one hundred, or else be seized by severe anxiety. He complained that this compulsive need would be brought on by the sight of some apparently meaningless sign or person, or by some chance occurrence. It was not long before he furnished more information as to these apparently casual stimuli. For example, such a compulsive attack came on after he had chanced to see a friend of his father's, a Mr. Stone, in front of a churchyard. Mr. Stone and churchyard suggested gravestone, and this suggested death, first the death of others, then his own death. On another occasion he chanced to see the name Drinkwater on an advertising sign. Drinkwater reminded him of the playwright, John Drinkwater, his play, *Abraham Lincoln*, Lincoln's assassination, his own death, an axe (the "Rail-splitter"), his own father threatening him with an axe (a fantasy). A man named Kranz produced the same compulsive counting: Kranz is German for wreath, funeral wreath, his uncle's funeral, his own funeral. The intermediate associations and the thought of death did not arise immediately on these occasions; he was only aware of the compulsion to count to a hundred. The associations were produced later in his analytic hour.

The selection of the number, one hundred, throws an interesting light on the meaning of this man's compulsion. It is clear that his counting was employed to ward off ideas of death, or rather the anxiety caused him by the thought of the death of others, and of his own retributive death. The death of his mother's brother had precipitated his neurosis. For two years thereafter he suffered from attacks of fear of dying on the street, and it was then that he began to employ the device of counting "to distract himself from his fear." At first he had no particular favorite number, letting chance, such as the date, or a house number, determine the sum;

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but soon he found that there were ineffective and effective numbers, or, as he called them, "bad" and "good" numbers. Thus 8 became a bad number after he had seen a Cadillac "8" hearse. Sixty-two was bad because his uncle had died at the age of 62. But 100 satisfied him because it was a good number, and its "goodness" was traced to this fact: the patient's grandfather had had a habit of remarking, when he mentioned the name of a relative or friend, "He should live to be a hundred!"

The person against whom the patient's death wishes were directed was obvious. Shortly before his uncle's death, which brought on the attacks of fear, the patient's mother had suffered a stroke, and at that time the patient was aware of thinking (without being able to justify the idea) that his father was responsible for the stroke. After his uncle's death came a queer sense of himself being responsible, so that he refused, in terror, to accept certain bequests from his uncle's estate. In numerous dreams, associations, and symbolic acts, it became evident that the meaning of the patient's compulsive action was this: when he was unconsciously reminded that he wished his father's death by some casual stimulus (displacement mechanism), he had by his symbolic counting to "undo" the possible effect of his wish, and to magically insure the long life of his father.

The patient was not conscious of his hostile wishes, nor of his own sense of guilt for them. But his id harboured the death wish and utilized every chance coincidence and occasion for its substitutive gratification. Similarly his super-ego also insisted upon its rights and demanded that he either undo his crime or else suffer fear of death. His criminal fantasies represented the expression of his primitive unconscious urge; the counting compulsion satisfied his "conscience instinct."

This brief excerpt of a case history will serve to illustrate a feature rarely lacking in a well-developed compulsion neurosis, that is, the superstitious quality or the sense of magic with which the patient endows external events. Freud has noted this fact and given the explanation that the patient who has repressed the internal relations between psychic events does perceive them nevertheless, but perceives them as external relations and projects them into the external world. Thus our patient was constantly aware of coincidences of the strangest sort and believed (rather definitely sometimes) in the effect of good and bad numbers. He had, indeed, a system of what is sometimes called "numerology." Furthermore, his whole behaviour towards his own wishes indicated that

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he attributed a magical effectiveness to them, both for good and evil, so that he really had to guard himself and others against his bad wishes by a magic formula. This characteristic of the compulsion neurosis, one of Freud's patients named "the omnipotence of thought." The sense of irresistibility in the compulsion and its overwhelming intensity justify the patient's sense of the omnipotence of his own unconscious. But this trait is shared by the compulsion neurotic with the small child and primitive races. All of these over-estimate the effect which their love or aggression can produce in the environment.

The psychoanalysis of compulsion neurotics has been able to establish many interesting regularities in the history of these individuals. The compulsion neurotic has apparently never overcome his earliest infantile attachment to his parents. There is alive in him all the urges, libidinal and aggressive, which go to make up the Oedipus complex. But, although he retains his father and mother as love objects in the unconscious, he has lost the genital quality of this relationship and substituted, instead, older sadistic and anal strivings. He has regressed to an anal-sadistic level, which colours all his later relations to objects, whether persons or abstractions. It is assumed that constitutional factors have operated in these persons so that interest in stool functions and in sadistic activities was unusually well developed. Such persons were trained to neatness, propriety, and gentleness either with great difficulty or very harshly. When confronted by genital urges they try to bring to bear against these the prohibitions found useful in their training in neatness. Thus it is that the compulsion neurotic can cleanse himself of masturbatory (i.e. genital) guilt by washing his hands, a method he learned when dealing with his pleasure in getting dirty. This regression to an anal-sadistic level brings it about that hate impulses and impulses to soil or debase regularly appear wherever, at the genital level, there would be a purely positive relation to the object. It has been said of the compulsion neurotic that those he loves he must also hate.

The personality of the compulsion neurotic is to a large extent typical. The anal and sadistic urges are not only opposed by neurotic mechanisms, but also by modifications of the ego designed to ward them off or compensate for them. Thus the compulsion neurotic is usually scrupulous, neat, pedantic, meticulous, formal, punctual, and in ethical matters strict to the point of asceticism. Many persons develop such a personality without any outspoken compulsions or obsessions, and are said to be "compulsive per-

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sonalities" or have a "compulsive character." Why some persons develop a compulsion neurosis, and others with the same start a compulsive character is not known.

Long before the days of psychoanalysis, a type of compulsion neurotic was very familiar to physicians, one who involved himself in interminable obsessive speculations and endless inconclusive ruminations, a *folie de doute*. Such doubt is present in all compulsive cases to a certain extent, but in some it dominates the picture. It is frequently used as a defense against self-knowledge, to assist in making reality less real. The subject of the doubt or indecision may be banal, or the patient may occupy his mind with unanswerable questions, such as those relating to immortality, paternity, length of life, reliability of memory, etc. Freud sees such doubt as a perception on the part of the patient of his own internal indecision in relation to persons. The patient doubts his own ability to love, for he finds that he harbors hostile tendencies against the very persons he loves most. Abraham has traced this characteristic back to the thwarting of the patient's childish sex curiosity. He points out that, whereas the child grappled with questions of which he was *not permitted* to learn the answer, the neurotic has transferred his interest to questions of which he *cannot* learn the answer. In certain cases, curiosity impulses may dominate the clinical picture.

Compulsive phenomena may arise as early as the third year, but the neurosis usually begins between the fourth and the twelfth year, the so-called period of sexual latency. There are not a few cases in which it appears later.

Psychoanalytic therapy is arduous, the duration of the analysis extending sometimes over several years, but to date this therapy is the only one which has been successful in the cure of the compulsion neurosis.

BIBLIOGRAPHY

- Abraham, Karl: *Versuch einer Entwicklungsgeschichte der Libido* (Internationaler Psychoanalytischer Verlag, 1924)
"Über Einschränkungen und Umwandlungen der Schaulust," *Jahrbuch für Psychoanalyse*, III (1913)
Alexander, Franz: *Psychoanalysis of the Total Personality* (Washington: Nervous and Mental Disease Publishing Co.)
Deutsch, Helene: *Psychoanalyse der Neurosen* (Wien: Internationaler Psychoanalytischer Verlag, 1930)
Fenichel, Otto: *Outline of Clinical Psychoanalysis*, Ch. V (New York: W. W. Norton Co. and the Psychoanalytic Quarterly, 1931)

PSYCHOANALYSIS TODAY

- Ferenczi, Sándor: "Über den Tic," *Bausteine der Psychoanalyse*, I, 193
 "Zur Ontogenese des Geldinteresses," *Ibid.*, I, 109
 "Mischgebilde von Erotischen und Charakterzügen," *Ibid.*, II, 233
 Short clinical articles, *Ibid.*
- Freud, Sigmund: "Die Abwehrneuropsychosen," *Gesammelte Schriften*, I
 "Drei Abhandlungen zur Sexualtheorie," *Ibid.*, V
 "Charakter und Analerotik," *Ibid.*, V
 "Die Disposition zur Zwangsneurose," *Ibid.*, V
 "Vorlesungen," *Ibid.*, VII
 "Bemerkungen über einen Fall von Zwangeneurose," *Ibid.*, VIII
 "Aus der Geschichte einer infantilen Neurose," *Ibid.*, VIII
 "Zwangshandlung und Religionsübung," *Ibid.*, X
 "Hemmung, Symptom und Angst," *Ibid.*, XI
- Janet, Pierre: *Les obsessions et la psychasthénie*, 3rd ed. (Paris: F. Alcan, 1919)
- Jones, Ernest: "Analytic Study of a Case of Obsessional Neurosis," *Studies on Psychoanalysis* (1923)
 "Hate and Anal Erotism in the Obsessional Neurosis," *Ibid.*
 "Anal Erotic Character Traits," *Ibid.*
- Lewin, Bertram D.: "Anal Eroticism and the Mechanism of Undoing," *Psychoanalytic Quarterly*, I, p. 343 (1932)
- Waelder, Robert: "The Principle of Multiple Function," *Psychoanalytic Quarterly*, V, p. 45 (1936)

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CHARACTER FORMATION

ONE of the most important achievements of Freud was his discovery and description of the different stages in the early development of the child. He was able to show (and our analytical experience has proved it) that these stages of development have a fundamental influence in shaping the adult personality. To these stages the individual can become fixated, and such fixations will at times greatly affect the individual's adjustments in adult life.

The importance of the first five years of life upon the development of the whole personality and upon the character of an individual is constantly exemplified in the results of the investigation of the personalities of our patients. There are, of course, constitutional elements which may affect one's character and personality. Our investigations cannot avoid tracing the whole character development, as if a film were being turned backward, to early childhood.

Invariably, when neurotic symptoms in the adult are followed back to their source of development, we find indisputable evidence that these symptoms correspond to certain peculiarities in the behaviour of the child. However, that does not mean that childhood peculiarities in behaviour always develop into neurotic symptoms. Varying combinations of such peculiarities color every person's behaviour and constitute what we call that individual's character. Such peculiarities acquired in childhood will exert a continuous, albeit unconscious, influence upon the conduct of an individual. Their dynamic force will continue to participate in the formation of character just as do the experiences of childhood which, to a great extent, are forgotten, and become unconscious in the course of the individual's development. Just as the coloring of a character is strongly connected with occurrences in the distant past which have been long forgotten and with events which the individual does not like to remember, the neurotic symptoms are also connected with happenings in the past and are strongly combined with intimate feelings concerning them that are kept hidden because of their anti-social tendencies.

Since the first few years of life are full of those peculiarities and attributes which one calls "not nice, unsocial," etc., it is no wonder

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that in the course of his adult life an individual may exhibit peculiarities of conduct which are considered unadjusted and somewhat anti-social.

We may ask why peculiarities develop in one person to a greater degree than they do in another, or why they are developed to such an extent in some cases that they lead not only to a clearly differentiated personality, but even to the formation of a certain character type. In answering these questions, two things must be taken into consideration—first, the constitutional factors, and second, the environment. Together they will provide the clue to an explanation of the differences in character development. In psychoanalytic investigation we learn to appreciate the important influence of the environment on the growing individual. Translating environment into parental attitudes, we learn to appreciate the influence of the parents on the child, the child's instinctual actions, and to see, in the course of development, the patterns of reaction formed by the child as a result of the parental influence. We also observe how those reaction patterns become permanent and are exhibited in later life as a reaction to society.

In the psychoanalytic treatment of neurosis we must, as far as possible, go back to early childhood, and the method is no less necessary when we seek the foundation of character formation. Experience has taught us that the period from birth to the age of five or six is the reservoir from which one's character emerges. The reaction of the child in that early period will determine the mode of his reactions in all experiences in later life. The different instincts and the strength of the impulses connected with oral, anal, and genital phases of development strongly influence and are directly connected with the character attributes which manifest themselves in later life. It was on this basis that Freud, Jones, Abraham, Ferenczi, and others drew attention to the anal and oral character types.

Our psychoanalytic conception of character includes certain aspects of personality and temperament which the usual conception omits. It is clear, from what we have stated, that character, in the psychoanalytic conception, consists largely of habits. Normally we are not aware of these habits because the impulses which make us behave in such a peculiar manner are obeyed automatically and are, to a great extent, already harmonized with social demands. *The character of a person may therefore be described as that person's typical behaviour in society.*

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In the course of development, if we follow its line step by step from birth, we find that every phase leaves its mark on the child, and the new experiences of every phase add to or change the pattern of his former behaviour. Until the period of weaning, the child's life is somewhat a continuation of the intra-uterine existence, since he is completely dependent upon his mother for food and care. This oral phase exerts an important influence upon the individual throughout the period of childhood, and traces of it can be found in the adult personality. We can easily reconstruct this phase of development theoretically from the material obtained in adult analysis. The reconstruction enables us to realize the importance of the oral phase and also to describe an oral type of reaction, which may be of such complexity and may colour the personality to such an extent, that those attributes are referred to as oral character traits.

The patterns of reaction which result from the oral stage of development may be due to various causes. Constant dissatisfaction with achievements in adult life and the feeling of always being cheated may be due, for instance, to a brief nursing period, or having been a bottle baby in a family where the other children were nursed.

The opposite of this type of character is exhibited by the individual who wants everything but who likes to exert only the slightest effort in getting it. Such a person was probably accustomed to having his way all the time in childhood, especially in the oral phase of his development, when he had only to cry out and the breast was given him for as long a period as he desired. The narcissistic type, which is described in my book, *The Morbid Personality*, shows this character trait sharply.

A study of the post-weaning period, when strong emphasis is placed on making the child independent of the mother in certain respects, by forcing it to learn to take various foods and to keep clean, provides important facts about habit formation. This phase of development, which is called anal, is more comprehensive since the child must learn sphincter control ("sphincter morale," Ferenczi). At this point the child is already a little independent person. As in the case of the oral, the anal phase of his development may leave its conspicuous mark on the personality.

To obey and to follow instructions in learning to be clean carries with it the necessity of loving the parents and obeying their commands. Through this is formed the nucleus of the processes

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of identification, which, in turn, carry with them the basis for the formation of the super-ego. Obedience to the parents is achieved in one of two ways. One is love for the parent. The child will follow the educational methods employed and will carry out commands because he loves the parent, whom he tries to please. The other method is the result of sheer force and necessity. The child is afraid of the strong parent, who is able to administer punishment if his instructions are not carried out. The second way carries with it resentment and hate. The child will obey because of fear, but will repress the hatred which arises against the parents when he is complying with their instructions. He will then use the bowel function as a vehicle of emotional outlet, and the pattern will remain, to a greater or lesser degree, in later life. In addition to the bowel functions expressing love and hate, they will also serve as a source of pleasure: a certain feeling of power will be attached to this method of emotional expression. The feeling of independence and self-confidence will also become closely associated with the bowel functions, and in later life the tendencies which are bound up with the anal functions of childhood may become of great importance in social behavior. Thoroughness in undertaking artistic productivity, strong sadistic tendencies, stubbornness, over-conscientiousness, all may be characteristics definitely arising from anal fixations.

The genital phase of development will center the interest and the mode of pleasure outlet in the genital, which mode of gratification will carry with it the highest level of childhood object-relationship. Thus the child will reach his Oedipus period, in which the relationship and attachment to the parent of the opposite sex will play the most prominent role. The difficulty in this relationship, and the degree to which it has been satisfactorily handled by the child, will decide his later adjustment. An important factor in the Oedipus period is the mode and frequency of masturbation, and also the accompanying guilt-feeling which is unconsciously combined with incestuous wishes and masturbation. The guilt is the result of the child's feeling that in masturbating he is defying parental prohibitions, while at the same time, he represses the fear of being found out. It is remarkable to note that in adult masturbators who have a great fear of harming themselves, despite their intellectual knowledge that the consequences cannot be so grave, their fear can be traced back to the childhood sense of guilt.

The positive character traits derived from the genital stage of development are those which we see in the grown-up person who

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is able to manage his affairs with adequate competency, who is potent in sexual relationships and successful in all aspects of social life. The genital phase will influence the character to a greater extent than the two preceding phases.

Character difficulties are always a result of poor adjustment in early childhood. Most often they are a direct consequence of the inability to solve the love and hate relationships to parents during the Oedipus period. The healthy solution of the Oedipus complex will bring about the identification processes in the child. The boy, instead of looking upon the father as a rival, as he does at the height of the Oedipus conflict, will be able to regard him as an ideal, and will try to identify himself with him. This will diminish the hatred for the father and make way for a more friendly relationship. At the same time, the love attachment to the mother will forego its sexual aim, which then makes it possible for the boy to identify himself, in certain respects, with his mother. He will absorb some of her qualities and they will become part of his personality.

In the girl, the situation will follow the same line, except, of course, in relation to the opposite parent. Her rivalry with the mother will give way to a more friendly feeling and she will identify herself with her mother, while a certain amount of identification with the father will be made possible by the relinquishing of the sexual component in her love for him.

We can readily conceive of what importance these identification processes are during the Oedipus period. Too strong an attachment to the parent of the opposite sex may prove to be an obstacle in the dissolution of the Oedipus conflict. It may result in an over-strong identification with the corresponding parent instead of a giving up of the parental love-object, and will thus produce a faulty character development. The roots of such an over-strong attachment are to be sought in what is known as the pre-Oedipal period—that is—before the Oedipus complex is fully developed. The attachment is very likely due to an over-protective attitude on the part of the parent, thus placing the child in a position in which he is unable to develop a normal amount of independence.

From whatever angle we look upon character formation, we are unable to understand it unless we try to understand and appreciate the Oedipus conflict and also the relationship between the three psychic instances, the id, the ego, and the super-ego. In childhood, these three components of the psyche are not yet solidified, thus

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wishes and desires appear in a more primitive form. To transform them into a more acceptable outward form, the young child must learn to adjust himself. In the slow process of becoming "sociable," his strivings will metamorphose into a more acceptable expression. If we realize how weak the child's ego is during the course of that early development, and how necessary it is for him to depend on the parents and teachers, for it is they who help to form his super-ego and who are responsible for his actions in later life, then we can more fully appreciate the parent's and teacher's role in character formation. We can then have an idea of the amount of love, patience and understanding which a healthy upbringing requires.

To be able to produce some change in the child in the various periods of its developmental stages, the parents and those under whose care the child is placed must make sacrifices and occasionally *adjust themselves* to the child's demands. In order to make this possible it is important for the adults to understand themselves thoroughly so that they may have the ability to identify themselves with the growing child and to feel his difficulties. This is especially important when it comes to weaning the child from earlier habits and leading him to the adoption of new ones, thus trying to make possible his adjustment to a new environment and to his immediate social circle, the family. The educational methods employed during this period will have a serious affect on the child's character.

Faulty development in character formation, which carries with it the inability to adjust socially and at times goes as far as creating criminal tendencies, will have to be considered as disturbances in the instinctual and emotional development. These inhibitions or disturbances are due partially to constitutional, and to a great extent, environmental factors. Thus the environment will have a great deal to do with clearing away the obstacles which stand in the way of the child's emotional adjustment. We can very easily realize that demands made by the environment (parents and teachers) to which the child cannot live up, may have traumatic influence which will reveal itself in later life. More than that, they may serve as a basis for a character formation which will not be the one desired. Improper handling of the child's emotional reactions, not understanding his moods, showing extreme severity towards him, may result in the creation of certain types of characteristics which can be separated and described as "definite character types."

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The foundation for psychoanalytic characterology was first laid by Freud. He indicated that the examples set by the parents and educators are absorbed by the child and form that part of the personality which we call the super-ego. The super-ego is the critical faculty. Among its many functions it helps mould the child's character. At times it prompts the child to be like its parents, at other times it influences him to be just the opposite. In the healthy child both tendencies are present. The tendency to become the exact opposite of one's parents can become the dominant factor as a result of an unhappy environment. Thus we find a drunkard's son becoming a priest and the teetotaler's child a drunkard.

A specific example is the following case of a young man in his twenties who was in the same business as his father, thus trying to be like him, but whose whole personality make-up was exactly the opposite. Where the father was shrewd and aggressive in his dealings, the boy was shy and calm both in his social and sexual attitudes. The entire responsibility for his many character difficulties, was to be found in his very early childhood.

At that time he was very much attached to his mother, being the only boy and the youngest of three children. He was also pampered by his father. Both of these facts already formed a basis for the personality which was almost an equal mixture of the attributes taken from the mother and father. Up to the time he attended school he had never had any playmates other than his two older sisters, and even in the early school years they remained his only companions because he was already too shy and timid to find others; he felt happy only in his home environment.

Without becoming involved in the details of his early development, I want to emphasize briefly that when he reached puberty his many illnesses kept his mother constantly occupied with nursing him. On one occasion he was confined to bed for many months with continuous intestinal disturbances. The mother and the nurse alternated in taking care of him and as a part of the treatment they administered daily enemas. He masturbated violently during this period of sickness. During his early childhood he had also masturbated; but when he was six years old *his mother had seriously warned him* of the later consequences of masturbation with the result that he repressed the desire for it until he reached puberty, when he could not longer resist. He indulged in it, however, with constant fear and compunction. He continued the

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practice until later years, and at the time he came to analysis he still masturbated on the average of once or twice a week. He remembered that in puberty his masturbatory acts were always accompanied by fantasies of women, or by looking at pictures of nude women. When he was seventeen or eighteen, the objects of his masturbatory fantasies were sometimes women, sometimes men. He would see the upper part of the nude body whether it happened to be a male or female; the lower part of the body, the genital region, was excluded from his fantasies.

The puberty period, together with its adjustments, is important because it permits of another chance to work out the residuum of the early attachment to the parents. Now the growing individual becomes more independent of his object-relationships in the family. In this young man the puberty period with all its involvements worked exactly the opposite way. Instead of becoming free from the dependence upon his love-objects within the family, he became more permanently attached to them, especially to the mother, so that his early Oedipus attachment was maintained up to the time he came to analysis.

At the age of nineteen, he had attempted to leave home because he felt the bondage was becoming too great a strain, and that it prevented him from making any outside social contacts. But this compulsory breaking away did not alter the situation at all because he soon found that his conflicts, which were based on his early childhood experiences together with the emotional attachment to the family, were always present wherever he went, and prevented him from acting in any way different from his accustomed manner.

The reason for his coming to analysis was his feeling of inferiority and inadequacy. However, in business as well as in his limited social circles, no one ever suspected him of having any such difficulties.

From the point of view of the ego, the super-ego and the id, his condition may be described as follows: his weak ego in early childhood had been over-protected by the mother and the father, which fact was instrumental in forming a strong love-attachment to both. At times, he wanted to have the mother for himself, thus including the wish to eliminate the father. At other times he loved his father just as he did his mother, in that way taking the mother's place beside him and eliminating her. These strong impulses remained forceful in the *id*, and in its later structure the *ego*

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retained these impulses. In later development he was compelled to be constantly on guard against these *id* impulses, and he developed certain methods of defense, peculiar behaviour and reactions (equal to neurotic symptoms), and this particular type of behaviour made up his character.

The supposed relationship between the various parts of the personality may thus result, under certain circumstances, in a *reactive* type of character formation. This will be due to the manner of handling, which the child, with his weak ego, has experienced in the hands of inhibited parents. This is also true in the other types which go under the heading of "neurotic character." We speak of an anxiety character, an hysteric character, a compulsive character, etc., according to the most salient feature in the combination of symptoms. (See chapter on pathological character formations.)

All of us possess to some extent these same characteristics which, by their more liberal representation, produce difficulties and prevent the establishment of a harmonious social life.

In the course of his development, every individual carries over into each level, fragments of habits from the preceding one, and on the next level these earlier habits may already appear peculiar. However, the ego may accept them and tolerate them if they are not very outstanding and very forceful. If the critical ego cannot accept them as a part of the entire personality, the effort to reject such habits will constantly be present and that in itself will be strong enough to create conflicts between the various parts of the personality.

It is a special task in the treatment of such difficulties in an adult to bring about a change in the fixed type of reaction. The patient is usually afraid of developing symptoms or of having any kind of feelings which might cause discomfort or suffering. In fact he has developed his character traits to secure himself against the breaking through of feelings and impulses.

For example, one case treated for such character difficulties was a psychiatrist. He came to analysis for two reasons: first, for a personal analysis as training to become a psychoanalyst; second, because of a growing dissatisfaction with his mode of living, which though outwardly successful, he himself realized was inconsistent. At times he was impulsive and at others, too much concerned about his own behaviour and the reaction of others to it.

It was interesting to note that for nearly two years, in his own

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analysis, he constantly fought against and refused to accept the validity of his free associations and dreams, while at the very same time he himself was treating neurotic patients, successfully using his theoretical knowledge of analytic principles. He showed a good understanding of his patients' dreams and the interpretation of them, and persistently pointed out to them their early childhood patterns and Oedipus conflicts; but obvious dream interpretations of his own, which pointed directly to his Oedipus relationship with father and mother, he flatly rejected and ridiculed.

His was the general attitude of patients *whose character difficulties predominate*, and all, just as the above-mentioned patient, adhere to a set way of reacting by refusing to recognize obvious factors in their own emotional life.

Analysis revealed the importance in such individuals of the super-ego formation. Early childhood identification, imitation of and intimidation by father and mother, results in a personality structure in which the ego reacts to impulses and drives with extreme fear. In regard to therapy, the fear of impulses which have been repressed by sheer force of the severe super-ego (father-mother conscience) creates "character resistance" which in turn is responsible for the difficulties in attaining success with patients of this type. Among them of course, there are some who do not react to therapeutic efforts with the same degree of resistance. They are less rigid and therefore react more favorably. However, still others, because of the impenetrable armor with which they have covered themselves in the course of their development, will show negative therapeutic reactions; in other words, the psychoanalyst will meet with failure.

In describing character types and distinguishing them from one another, it should be understood that an individual representative of a type of character does not necessarily belong to any particular group of neurotics. He is distinguished rather by an outstanding mode of reaction. In general, we may agree with Abraham that the character of a person is the sum of his instinctive reactions to social environment.

BIBLIOGRAPHY

- Abraham, Karl: "The Influence of Oral Erotism on Character Formation," *International Journal of Psychoanalysis*, VI (1925)
"Character Formation on the Genital Level of Libido Development," *International Journal of Psychoanalysis*, XII (1926)
Alexander, Franz: *The Psychoanalysis of the Total Personality* (Washington: Nervous and Mental Disease Publishing Co.)

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- "Der Neurotische Charakter," *Internationale Zeitschrift für Psychoanalyse*, XIV (1928)
- Brill, A. A.: "Anal-Erotism and Character," *Journal of Abnormal Psychology* (1912)
- Fenichel, Otto: "Perversionen, Psychosen, Charaktersörungen," *Internationaler Psychoanalytischer Verlag* (Wien, 1931)
- Ferenczi, Sándor: "Stages in the Development of the Sense of Reality," *Contributions to Psychoanalysis* (Boston: Richard C. Badger, 1913-14)
- "The Origin of the Interest in Money," *Contributions to Psychoanalysis* (Boston: Richard C. Badger, 1916)
- Further Contributions to the Theory and Technique of Psychoanalysis* (London: Institute of Psychoanalysis and Hogarth Press)
- "Die Anpassung der Familie an das Kind," *Zeitschrift für Psychoanalytische Pädagogik* (Wien, II Jahrgang)
- Freud, Sigmund: *Three Contributions to the Theory of Sexuality* (Washington: Nervous and Mental Disease Publishing Co.)
- "On the Transformation of Instincts, with Especial Reference to Anal Erotism," *Collected Papers*, XI (1923)
- "Character and Anal Erotism," *Collected Papers*, XI
- "Some Character-Types Met with in Psychoanalytic Work," *Collected Papers*, IV (1922)
- "The Infantile Genital Organization of the Libido," *Collected Papers*, XI
- The Ego and the Id* (London: The Institute of Psychoanalysis and Hogarth Press)
- Glover, Edward: "The Neurotic Character," *International Journal of Psychoanalysis*, VII
- "Notes on Oral Character Formation," *International Journal of Psychoanalysis* (1925)
- Jones, Ernest: "Anal-Erotic Character Traits," *Journal of Abnormal Psychology*, XIII
- "The Origin and Structure of the Super-Ego," *International Journal of Psychoanalysis*, VII (1926)
- "The Anxiety Character," *Character Diseases and Neuroses, Medical Review of Reviews*, XXXVI, No. 3 (1930)
- Lewin, Bertram D.: "The Compulsive Character," *Character Diseases and Neuroses, Medical Review of Reviews*, XXXVI, No. 3 (1930)
- Lorand, Sándor: *The Morbid Personality* (Alfred A. Knopf, 1931)
- "The Reactive Character," *Character Diseases and Neuroses, Medical Review of Reviews*, XXXVI, No. 3 (1930)
- "Crime in Fantasy and Dreams and the Neurotic Criminal," *Psychoanalytic Review*, XVII (1930)
- Reich, Wilhelm: *Der triebhafte Charakter* (Wien: Internationaler Psychoanalytischer Verlag)

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PATHOLOGICAL CHARACTER FORMATION

OF RECENT years it has become the custom amongst psychologists to talk glibly of character pathology. In reading many modern text books one would imagine that a considerable body of exact knowledge existed on this subject. It may assist us to gain some perspective if we remember that in the opinion of some psychologists an essay on neurotic character should not exceed in length that of the famous chapter on snakes in Iceland. They believe that there is no such thing as a neurotic character. Nor can it be said that this view is purely negativistic or obstructionistic. An issue of legitimate psychological importance lies behind it, viz. are we justified in using the term "character" in systematic psychology at all; or, to limit this to a psychoanalytical issue, are we justified in using the term "character" in metapsychology?

The reader will have gathered from the section on normal characterology that psychoanalysts have chosen to adopt character terminology in default of a more convenient set of labels; and I have no intention of recapitulating all the arguments in favour of this course. One must bear in mind, however, that character psychology is a legacy to psychoanalysis from descriptive psychology, and, going farther back, derives most of its vigour from the naïve folk psychology embodied in everyday speech and written word. Once descriptive psychology began to collect and systematize institutional character studies, a copious literature and terminology sprang up. It is interesting to note, however, that for all theoretical purposes, psychoanalysis has reduced its indebtedness to the one word "character." The phrase "neurotic character" is simply an indication that clinical psychologists have found themselves in a diagnostic quandary. Medical writers have never been backward in coining diagnostic terms, and when they are reduced to borrowing a term from folk psychology, and then to applying a qualifying adjective taken from study of the neuroses, we may be sure that they are rather at their wit's end to label some psycho-pathological state.

There are in fact two main reasons why psychoanalysts have accepted the term. In the first place, they discovered during the analysis of various individuals, particularly those who presented no obvious symptoms, that a good deal of mental preoccupation and

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actual behaviour was very refractory to analysis. Impressed by the absence of symptoms, analysts began to study these behaviouristic reactions, and noted that although they did not appear to have the same structure or psychic localization as symptoms, they produced much the same sort of result when expressed in terms of unhappiness or maladaptation.

The second reason is a theoretical one. Although it had always been emphasized that repression was only one of the ways of dealing with instinct, interest in symptoms tended to fix attention rather exclusively on problems of repression and the return of the repressed. One was apt to take too professional a view of the structure of the mental apparatus; to think of it simply in terms of an unconscious system sharply demarcated from the ego by a barrier of repression; to feel that the sole contact of the ego with primitive instinct was through heavily censored derivatives. Insufficient allowance was made for a balancing or compensating tendency of the mind in dealing with mobile charges of energy. The concept of character seemed calculated to broaden our view of the mental apparatus and its functions. A part of the ego might be presumed to have more direct connexion with unmodified impulse. Communication with primitive impulse might be an intrinsic part of character processes, or, alternatively, character processes might provide a channel of communication, i.e. act as conductors.

The next steps in investigation are clear. In the first place, we ought to be able to show what differences, if any, exist between the part of the ego which owes its final form to the action of repression, and the part we describe as character; and, second, we ought to be in a position to say whether what is called "neurotic character" is a pathological change in the structure of character, or is a pathological condition of a parasitic order attached to character processes. A necessary preliminary to these investigations is some definition of normal character.

Historically the first definition given by psychoanalysts was that character could be regarded as a precipitate of the individual's experience derived from struggles to master impulse—a sort of palimpsest of instinctual records, layered in accordance with phases of instinct and their modification. It was held that the adult's reaction to immediate situations would follow a pattern established in infancy and childhood, when the struggles with instinct are crucial. Hence the terms "oral" or "anal" or "urethral" or "genital" character. Such groups were then subdivided into "gratified" types and "thwarted" types, or again, "positive" types and

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"negative" (or "reactive") types. The former subdivision is concerned with the effect of gratification or thwarting of impulse of any sort; the latter refers mainly to effect of gratification or inhibition of ego-dystonic impulse: or, to put it another way, the former subdivision takes some cognizance of external factors in thwarting, the latter is concerned more with internal factors in inhibition.

The second contribution was to the effect that character is a series of more or less permanent imprints on the ego, due to identification with persons of immediate importance in the environment. This rather static view then gave place to a more ambitious dynamic one. The earliest and most important identifications are due to struggles in overcoming instinct; they enable the child to compensate in part for thwarted relations with objects, but the self-love system now substituted for certain outer libidinal relations can only be maintained provided the individual holds in check from within the same libidinal and aggressive impulses that originally were thwarted from without. In so far as the series of identifications exercises scrutiny over instinct, it is described as a super-ego system of the mind.

Obviously these two views overlap in some respects: a reactive character-trait inhibiting or modifying, say, anal impulses, can be regarded as the result of activity on the part of the super-ego. So it would appear difficult to make any arbitrary distinction between character and ego-structure in general.

This difficulty is made more obvious if we take into account two other considerations. The first concerns repression. Repression is the most incalculable element in characterology. In a sense characterology is a self-preservatory diagnostic activity on the part of the observer. It pays to be able to estimate quickly the potentialities of any person with whom one comes in contact. And these estimates lead naturally to comparisons with the potentialities of others. So it comes that many persons are described as having such and such a character, e.g. sterling, dependable, kindly, and so forth, not because they show any particular positive characteristics of this sort, but because they do not show any unkindly, or tricky, or unscrupulous traits. And the absence of these traits can be attributed to the action of repression. The second point is that if we attempt to describe some characterological reaction-formations in theoretical terms, we are compelled to regard them as organized anticathexes (counter charges). And anticathexis is an integral part of the process of repression.

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The natural tendency at this point would be to dismiss the term "character" as tautological, or too indefinite, or a relic of naïve psychology, or an outworn terminological device, or a subjective system having adaptation value only. And if our concern were solely with normal psychology, no great heart-burning would be aroused. Unfortunately, clinical data prevent our taking this easy way out of the situation. Not only is it a fact that there are clinical and theoretical differences between an abnormality of character and a symptom, but if any attempt is made to reduce a characterological difficulty by analysis, we are able to observe the appearance of transitory symptom-formations of a standard pattern and structure. And we infer from this that the pathological character formation has somehow dealt with instinct-drives in part at least without the help of repression.

The other observation can be made by anyone who cares to study his own thought and behavior with any degree of objectivity; it is of course supremely easy to make in analysis. The fact is that every individual gives vent to a considerable amount of primitive interest and preoccupation, provided it is spread evenly enough over a multiplicity of waking thoughts and activities. True, it is not completely unmodified interest but it is immeasurably less modified than the staple, accredited interests of life which bear the official stamp "Passed by the Censorship." The façade we display towards environment and the façade we maintain for home inspection are thin veneers compared with the immense hinterland of minor habits, gratifications, inhibitions, mannerisms, and fantasy systems. To borrow a simple illustration from the habit group, the average individual is seldom prepared to admit that one of his main preoccupations, and often his staple pleasure, is with the secretions and excretions of his own body. Yet from the moment he wakes and clears his throat with voluptuous satisfaction, blows his nose, washes, brushes his teeth, empties his bowels, licks his lips, his daily life is one round of secretory pleasures, rituals, or repugnances. And he has only to drop for a moment the mask of official thinking to find that a good deal of his mental preoccupation is of the same order. Yet these preoccupations do not necessarily end in symptom-formation. Admittedly the symptomatic standard is essentially a practical standard fixed partly by clinical, but in the main by social, conventions. And there can be no doubt that there is a very strong convention of inattention, under cover of which individuals are allowed to infringe instinct-taboo, provided the amount gratified at any one moment is not subversive of con-

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vention and social order. The fact remains, however, that there are certain clinical differences between symptoms and character reactions. In the meantime we cannot afford to jettison the term "character."

Nevertheless, it might be maintained that there is no theoretical justification for the term "neurotic character," that a neurotic character-trait is simply a minute symptom-formation; and the fact might be adduced that analysts themselves employ qualifying terms borrowed from the neuroses, e.g. obsessional character, anxiety character, etc. There are some cogent objections to this view: (a) that symptoms are repudiated by the ego, whereas character peculiarities are accepted by the ego; (b) that many character peculiarities are simply exaggerations of facets of ego-systems (e.g. important identifications); (c) that there is sometimes considerable difficulty in distinguishing a character peculiarity from a sublimation, and sublimation both as regards energy and structure can, superficially at any rate, be distinguished from symptoms. It is true that an exaggerated reaction-formation has some resemblances to a symptom-formation and indeed very frequently acts as a conductor for true symptom-formation. It would therefore be safer to say that, whereas some neurotic character formations may be miniature symptoms, others are quite certainly not. It follows, of course, that a classification of character peculiarities based solely on resemblances to symptoms is bound to be inadequate.

To sum up, we have some empirical justification for the view that the ego has at least two more or less distinct areas of communication with primitive instinct. One can be conceived as a border territory, bounded on one side by the barrier of repression, and consisting of highly modified instinct-derivatives. At this frontier symptom-constructions of a classical type are formed. The other can more easily be thought of as a number of constructions, which in the aggregate we call character, forming a delta through which impulse-life trickles in attenuated streams. It is agreed that character peculiarities may simply be small ego-syntonic symptoms scattered over this territory (e.g. minute phobias, inhibitions or obsessions). On the other hand they may simply represent caricatures of normal instinctual mechanisms (e.g. sublimations of a socially worthless or detrimental type) or, again, they may represent exaggerations or isolations of executive identifications (e.g. aggressive or self-abasing types). In short, neurotic character can be either parasitic or normal character, or the result of intrinsic changes in normal character. These formulations are not intended

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to represent any rigid separation of ego-components. It is well to remember that the concepts of psychic structure are merely aids to the comprehension of mental function as a whole. We can never really isolate mental mechanisms or systems save for crude demonstration purposes.

The problem of classifying neurotic character formations is greatly simplified if we keep these distinctions in mind. A symptomatic classification is useful to the practising analyst who is given to thinking in terms of symptoms, and who, in any case, hopes to see neurotic character-formations pass through a purgatory of symptom-formations. Thus, we can talk of obsessional character where close examination of social behaviour uncovers features of an obsessional type, doubts, ceremonial habits, expiations, scrupulosities of a frivolous or bizarre nature, etc., or where mental activities concerned with social adaptation follow the pattern of true obsessional thinking. It will be found that the obsessional character has much in common with the anal character, and in consequence there is little popular appreciation of this particular aberration. It is in some respects too close to the so-called normal character. On the other hand, the concept of a hysterical character is essentially a graft of naïve psychology on the popular conception of hysteria. Psychoanalysis is prepared to accept the category, provided obvious symptom-formations are excluded. There is certainly an exaggerated type, volatile, sanguine, rapid in transference, impulsive in action but subject to equally rapid inhibition, self-deceptive, lying, given to extensive introjection, capable of violent localized hostility, etc., that justifies the term hysterical character. A pure anxiety character is not so generally recognized, but is equally common. Small charges of free anxiety are evidenced by a general apprehensiveness; fixed anxiety is indicated either by preoccupation with social situations or ideas of injury, or by excessive precautionary conduct in social matters. Inferiority reactions are well adapted to characterological expression, but may also take a symptomatic form. An attempt has been made to isolate a neurasthenic-hypochondriacal character, but it is difficult to distinguish this, on the one hand, from the anxiety character and, on the other, from a possible psychotic character.

This brings us to the main objection to a neurotic grouping, namely that in many cases reactions of a psychotic type can also be detected; indeed, some neurotic characters on closer inspection prove to be masked schizophrenias. Unfortunately, it is difficult to distinguish an alleged psychotic character-trait from a psychotic

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symptom-construction, because pathological character traits have actually a feature in common with the psychoses; viz. that they are accepted by the ego. Quantitative factors (spread or charge) might possibly enable us to effect some clinical differentiations; in any case, even an inadequate set of distinctions would be an improvement on terms such as "psychopath."

But assuming we added a "psychotic" to a neurotic group of character-formations, the main grouping would still be unsatisfactory. For example, it would not include a considerable group of psycho-sexual difficulties. It is agreed that apart from psycho-sexual inhibitions, or constructions of a perverse sexual order, the love relations of many individuals provide them with almost unique opportunities for stereotyped reactions, leading ultimately to unhappiness or incapacity in adaptation. Is it justifiable to meet this difficulty by classifying all character traits in terms of libidinal development, i.e. oral, anal, etc., etc., or, better still, in terms of the complete organisation of libidinal relations, e.g. narcissistic character types (duly subdivided), unconscious homosexual characters, etc.? This course is tempting but not really satisfactory. It *could* be applied to all individuals, irrespective of symptoms—there are for example many characteristic hallmarks of the unconscious homosexual—but beyond calling attention to factors of libidinal fixation and reaction the system would have no specific value. Moreover, the important character reactions brought about specifically by destructive (reactive) impulses could not be adequately represented in it.

Moreover, neither symptomatic classifications nor classification by libidinal stages take cognizance of an important group of character-reactions which go under the heading of criminal or social or anti-social character-types. Making due allowance for the elasticity of the term "criminal," there does appear to be a group in which infraction of various codes is exploited in the interests of unconscious conflict. An attempt has been made to get out of this difficulty by dividing pathological character groupings into an impulsive group (in which primitive impulses, though to some extent modified, are nevertheless given a good deal of direct outlet) and a reactive group (in which character systems are used as a buttress against primitive impulses). The former grouping then includes aggressive, anti-social, criminal, and some psychotic reactions, with, as a rule, an accompaniment of sexually perverse activity; the latter includes individual or social inhibitions which do not take a directly symptomatic form. In both cases the element of punishment is represented, but in the second group it is more clearly self-

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punishment. This classification is probably the most comprehensive and systematic, so broad indeed that it is not of much clinical value. Until we know more about the subject, we are free to use any of the above classifications, provided we specify the purpose for which it is adopted, e.g. clinical, dispositional, systematic, etc. Clinically speaking, the most convenient classification is that of "pathological character formations," subdivided into neurotic, psycho-sexual, psychotic, and anti-social.

Treatment of these conditions presents psychoanalysts with their most difficult problems; indeed the degree of success occasionally attained in the face of difficulties is one of the most remarkable achievements of psychoanalysis. Incidentally, the supreme achievement of psychoanalysis, so far, is the capacity to analyse successfully a normal person, a fact which testifies to the refractoriness (or stability) of character processes. Broadly speaking, the characterological case *starts* his analysis with difficulties which in the case of the classical neurosis are encountered, as a rule, in the critical stages prior to termination. This does not imply that treatment is shorter; on the contrary, it is much longer: we start with difficulties which prevent a swift preliminary release of anxiety and guilt, and therefore are deprived of the advantages of an early positive transference-relationship. Analysis has two main objectives: first, to break up the most rigid character-constructions, thereby releasing anxiety and guilt, and, second, to trace these affects to their original source. The most favourable course of events is where transitory symptom-constructions are formed; these bind the affect temporarily and give us breathing-space. True neurotic characters usually follow this course, but they may also attempt flight to psycho-sexual difficulties or increased incapacity in adaptation. This must be headed off by accurate interpretation. The bugbear of character analysis is uncertainty as to psychotic reactions which may be masked behind the character formation. Another less calculable element is the strength and depth of repression. And the third complicating factor is the immense amount of "gain through illness" obtained. Character difficulties not only involve a high degree of masochistic satisfaction, but give direct outlet to aggressive impulses which the ordinary neurotic is at pains to immobilise in symptom-constructions.

BIBLIOGRAPHY

- Abraham, Karl: "Psycho-analytic Studies in Character Formation," *Selected Papers* (Hogarth Press, 1927)
Alexander, Franz: "The Castration Complex in the Formation of Character," *International Journal of Psycho-analysis*, IV (1923)
"Neurosis and the Total Personality," *Ibid.*, VII (1926)

PSYCHOANALYSIS TODAY

- "The Neurotic Character," *Ibid.*, XI (1930)
- "The Neurotic Criminal," *Medical Review of Reviews* (1930)
- Brill, A. A.: "Anal Erotism and Character," *Journal of Abnormal Psychology* (1912)
- Burrow, Trigrant: "Character and the Neuroses," *Psycho-analytic Review* (1914)
- Coriat, I. H.: "The Character Traits of Urethral Erotism," *Psycho-analytic Review*, XI (1941)
- Delgado, H. F.: "La Formacion de la Personalidad y el Character," *Revista de Psiquiatra* (1920) Abstract in *International Journal of Psycho-analysis*, IV (1923)
- Ferenczi, Sándor: "On the Psycho-analysis of Sexual Habits," *Further Contributions* (1926)
- Forsyth, D.: "The Rudiments of Character: A Study of Infant Behaviour," *Psycho-analytic Review*, VIII (1921)
- Freud, Sigmund: "Some Character-Types Met with in Psycho-analytic Work," *Collected Papers*, IV
- "Character and Anal-Erotism," *Ibid.*, II
- "The Economic Problem of Masochism," *Ibid.*, II
- "The Predisposition to Obsessional Neurosis," *Ibid.*, II
- The Ego and the Id* (Hogarth Press, 1924)
- Glover, Edward: "Notes on Oral Character Formation," *International Journal of Psycho-analysis*, VI (1925)
- "The Neurotic Character," *Ibid.*, VII (1926)
- "Einige Probleme der psychoanalytischen Charakterologie," *Internationale Zeitschrift für Psychoanalyse*, XII (1926)
- Heimroth: *Charakter-Konstellation* (München: Verlag C. W. Barth, 1928)
- Hoffman, H.: *Das Problem des Charakteraufbaues, seine Gestaltung durch die erbbiologische Persönlichkeitsanalyse* (Berlin: Verlag Julius Springer, 1926)
- Charakter und Umwelt* (Berlin: Verlag Julius Springer, 1928)
- Jacobsohn: "Zur asozialen Charakterbildung," *Internationale Zeitschrift für Psychoanalyse*, XVI (1930)
- Jones, Ernest: "The God Complex," *Essays in Applied Psycho-analysis* (1923)
- "Anal-Erotic Character Traits," *Papers on Psycho-analysis*
- "A Linguistic Factor in English Characterology," *Essays in Applied Psycho-analysis*
- "The Anxiety Character," *Medical Review of Reviews* (1930)
- Landauer, Karl: "Die Gemeinschaft mit sich selber," *Psychoanalytische Bewegung* (1930)
- Lorand, Sándor: "The Reactive Character," *Medical Review of Reviews* (1930)
- Marcinowski, J.: *Ärztliche Erziehungskunst und Charakterbildung* (München: 1916)
- "Zum Kapitel Liebeswahl und Charakterbildung," *Imago*, V (1917)
- Muller, J.: "Früher Atheismus und Charakterfehlentwicklung," *Internationale Zeitschrift für Psychoanalyse*, XI (1925)
- Reich, Wilhelm: *Der triebhafte Charakter* (Wien, 1925)
- "Über Charakteranalyse," *Internationale Zeitschrift für Psychoanalyse*, XIV (1928)
- "Der genitale und der neurotische Charakter," *Ibid.*, XV (1929)
- "Die charakterologische Überwindung des Oedipuskomplexes," *Ibid.*, XVII (1931)
- Rosenstein, G.: "Prinzipien der Charakterologie," *Zentralblatt* (1912)
- Sadger, J.: "Analerotik und Analcharakter," *Die Heilkunde* (1910)
- Schilder, Paul: "The Neurasthenic-Hypochondriac Character," *Medical Review of Reviews* (1930)
- Stern, A.: "Some Observations on Character Changes in Neurotics," *American Medicine*, XVI (1921)
- Strasser, Charles: "Nervöser Charakter, Disposition zur Trunksucht und Erziehung," *Zeitschrift für Pathopsychische Organen* (1914)
- White, William A.: *Mechanisms of Character Formation* (New York: The Macmillan Co., 1916)
- Wittels, Fritz: "The Hysterical Character," *Medical Review of Reviews* (1930)

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WAR NEUROSES

ALL military psychiatrists—those who observed war neuroses during the first war and those who observe them during this war—agree that the symptomatology of war neuroses, as precipitated by World War II are in no way different from the picture of war neuroses during World War I. This, in spite of the fact that the character of modern warfare has been considerably changed by technical developments. It is quite obvious that the impact of the war experiences as such on the personality of the soldier has remained the same.

Mental disorders, which a soldier acquires under the physical stress of war (fatigue, exhaustion, sickness, woundings), must have something to do with the difficulties a human mind has to undergo in order to change its "peace ego" into a "war ego." The last twenty-five years of psychoanalysis are particularly characterized by an increase of knowledge about the psychology of the ego. It is just during this time that under Freud's guidance we have gained knowledge about the structural and dynamic conflicts which occur *within* the ego itself, when it has to mediate between the instinctual claims of its Id and the demands of external reality; the reaction to these conflicts turns it into a battleground on which the conflicting forces of environmental reality and instinctual drives meet. Deterioration of the ego can come about as the result of such inner mental fights. To become a soldier and go to war involves an enormous and sudden change of reality demands. The change of ethical standards, which lifts the ban from destructive, instinctual energies, shakes the structural edifice of an ego, which at the same time has lost its security heretofore provided by civilization.

The ego—as Freud once phrased it—"in *all* its conflicts can have no other aim, than to maintain itself." If this struggle for its psychological maintenance is a decisive factor in bringing about the neuroses in peacetime—how much more significant it must be in precipitating war neuroses, when the ego has to face a reality which confronts it even with the prospect of complete annihilation.

All military psychiatrists—who view the mental disorders of soldiers from a psychoanalytic perspective—agree that the trau-

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matic neuroses of this war do not differ essentially from the structure of neuroses in peacetime. The problem to be studied must also comprise the phenomenon of the transformation of real anxiety (fear of death) into neurotic-anxiety, which secondarily prompts the ego to employ mental mechanisms of defense for the sake of its own coherence. This then constitutes the symptomatology of war neuroses.

The remarks I made so far may suffice to prove that it is legitimate when a "psychoanalyst of today" interprets his psychoanalytic experiences of a past war in terms of recent ego psychology. During that war I was a medical officer in the German army and for two years was in charge of a military hospital for war neuroses. During that time I saw about two thousand war neurotics—half of them I treated myself with a combination of psychoanalysis and hypnosis. Their symptomatology I might describe summarily as ego impairments which made it impossible for the soldier to continue attending to his military duties. Spastic or paretic conditions of the entire muscular system, or parts of it (legs or arms), impaired to a lesser or greater degree the soldier's ability to move. This impairment of the muscular system very often represented itself, also, in the form of compulsive, involuntary body movements or body postures. The functioning of organs became disturbed, the use of which enable the individual to sustain his contact with the environmental world, for example: speech disturbances, ranging from spastic stammering to complete mutism;—and disturbance of vision and hearing, from over-sensitiveness to light and sound to complete blindness and deafness. Many soldiers were stricken by epileptiform attacks which precipitated seizures of unconsciousness associated with cramplike, more or less uncoordinated movements of the arms and legs. Disturbances in the intellectual sphere manifested themselves in the loss of selected faculties, such as reading, reckoning, and particularly in the disturbance of the memory functions, frequently resulting in total amnesia.

The essential symptoms common to all cases deserving the name of war neuroses, was a general *emotional* instability and irritability, a tendency to emotional outbursts, particularly of rage—and a characteristic sleep disturbance due to tormenting dreams repeating terrifying war experiences, often associated with a tendency to act vehemently while still sleeping (somnambulism).

War neuroses are mostly identified with the traumatic-neuroses acquired in peace time. This is only partly correct. The pre-

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precipitating factor might be identical in both forms of neuroses, inasmuch as the quantity of stimuli are concerned, which overwhelm the mental apparatus in situations, when through lack of preparedness, it is incapable of setting in motion the adequate outer-motor defense reactions (flight or aggression).

It is certainly true that the abundance of stimuli, which by overflowing the mental apparatus, has disturbed its equilibrium—in both kinds of neuroses—is responsible for the compulsion to repeat, in dreamlife, the original traumatic experience. There is a decisive difference between traumatic neuroses of peacetime and genuine traumatic neuroses in war. The onset of the latter in most cases does *not* occur under the *sudden* impact of *one* catastrophic accident, but is due to a protracted accumulation of traumatic influences. I saw soldiers succumb to a war neurosis in reaction to a minor body injury after having undergone several horrifying experiences without any pathological reactions, such as being buried under debris several times. I saw soldiers stricken with severe neurotic disturbances in reaction to certain disastrous war situations, which were not new to them as they had withstood these previously, and even been decorated for their bravery in the face of them. Certainly, physical and emotional exhaustion are predisposing factors for a soldier's mental breakdown in war. However, there is one decisive factor in which the etiology of the war neuroses differs from the etiology of a traumatic peace neurosis. That is: the trauma of war (fatigue, wounds, catastrophic experiences, like shell shock, and so on) strikes the ego of a soldier, which is essentially different from the ego of a civilian. The *military* ego—as we may call it—has undergone a significant alteration by having been submitted to the educative process of *military discipline*.

The state of mind produced by military discipline enables the soldier to reach his highest achievements in cooperation with his fighting unit. However, as we shall see, it is also the very state which makes him vulnerable and amenable to disintegration of his mental system, precipitating mental disorders. The purpose of military discipline is to enable the soldier to function as a part of a military unit in *blind obedience* to the commander of the unit, as free of anxiety as possible, in spite of all personal dangers involved. The psychological effects of military discipline must in some way be instrumental in helping the soldier to bring about seemingly contradictory mental achievements: i.e. to develop the

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typical social virtues of a good soldier—comradeship, endurance and self-sacrifice for the common good on the one hand—and the anti-social ones on the other of consciously releasing aggressive instinctual energies in fighting the enemy. Even that important emotional phenomenon—fear of death—the normal reaction of an ego to the threat to self-preservation—can be disposed of, at least temporarily,—an achievement certainly due to the alteration of the ego arrived at by military discipline.

To understand the development of this *military ego*, it would seem advisable to glance at the development and structure of the *civilian ego*, out of which the former is evolved. If we want to understand in what way the impact of the war affects the mind of a civilized individual, we have to ask ourselves—what is civilization? According to Freud—"Civilization is a process which passes over mankind and corresponds to the process which every individual has to undergo when he develops his character from infancy to maturity." Civilization reflects the collective character of a community. We are all born as little cannibals. Under the influence of the parents, who represent environmental reality, the child acquires the ethical standards of our civilization, and learns gradually to conquer his anti-social, libidinal and aggressive instinct demands. To the *adults*, the authorities of a nation become the representatives of realistic and ethical standards.

What will happen to the character of the individual when his *collective* character, represented by his nation, all of a sudden, by going to war, regresses to the primordial stage of pre-civilization, that of cannibalism? Would not every individual react accordingly by regressing individually to the same primitive state? That is, by throwing overboard allegiance to a civilization which seems incapable of serving any longer as guide and example. Fortunately, it is not so. The reason is that in the normal process of individual character formation the child *internalizes* the parental power within his mental system by developing a *super-ego*—his conscience. From then on his super-ego, functioning as an *internalized parent*, guides the ego in its conflict between instinctual aim and the environmental world. In a simplified statement we can say that all mental disorders to which a person can fall prey in his life are due to pathological disturbances of the functioning of this inner super-ego. The super-ego helps the ego to test reality and to act accordingly. The super-ego forces the ego to sublimate or to repress anti-social instinctual demands. In pathological dis-

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turbances it is either over-strict or over-lenient, or has been put out of order, or has not been developed at all.

We should bear in mind that the super-ego, although functioning as the intra-mental representative of society, has only become so through the mediation of our internalized parents. Therefore, if society, i.e. a nation, as an external representative of our super-ego, decides to go to war, this does not imply that, under normal conditions, our inner parental super-ego allows such *collective cannibalistic regression* to be followed by a corresponding regression of our individual ego. On the contrary, it helps the ego to test the changed, external reality and become adapted to it, by strengthening its inner position and defenses.

However, the situation is different when super-ego deficiencies exist in the mental systems of individuals who, due to an abnormal home atmosphere in childhood, have developed a pathological disturbance of the process of internalizing the parental power.

Then, with the lifting of some essential standards of civilization the impact of the war on the personality will shake the individual ego system by just hitting upon its essential but weak point, the super-ego. This is all the more understandable when we remind ourselves of one discovery of Freud, which has not been appreciated enough even by psychoanalysts, i.e. that the super-ego is built up in children by the suppression of aggressive energies against the parents. The super-ego derives its strength to govern the ego by making use of introverted aggressive energies which were aimed at and had been diverted from the parents. Any weakening of the function of the super-ego, therefore, causes release of aggressive tendencies against the outside world from their intra-psychic bindings between ego and its super-ego. It results in a tendency to become aggressive again against authority, as external parental images. This is the reason for the increase of juvenile delinquency during the war, because it is just in adolescence that the mental system receives the last touch in cementing the super-ego. This is also the reason why juveniles in acting out their delinquent acts have no guilt feelings. The aggressive energies they discharge to the outside world are taken away from their super-ego and relieve pressure, which, under normal conditions, this would exert on the ego in the form of pangs of conscience.

After having gained this insight, though very sketchy, into the effect of war on the mind of adults and adolescent civilians, we are interested to find out how this change of reality (from peace to war conditions) affects the minds of small children in their stage of

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pre-super-ego development. I refer to that stage of development before the ending of the Oedipus conflict, when the child thinks and acts still under the *external* guidance of his parents. It is not at all surprising to find that these children do not show any mental disturbances in reaction to all the destruction and mass killing they hear about or even witness personally. Anna Freud and Dorothy Burlingham give us impressive reports¹ on this point from their experiences with children during the bombardments of London. These children remained at ease in spite of being exposed to the direct influence of general destruction. However, it is of particular interest to know that they remained free of any signs of panic or distress only as long as they were in the company of their parents, and as long as these parents did not reflect any excessive anxiety and insecurity themselves.

From my foregoing statements, it is clear why children react as observed. Because aggression and destruction is a normal way of life for children of that age. They have no inner super-ego; this is still represented in the person of their parents, and as long as the parents, who represent the *entire reality*, do not manifest any panic or distress, they feel secure.

Another observation made by English psychiatrists is of interest for our investigations. It concerns the mental reaction of adult civilians to the immediate danger of annihilation under bombardments. These psychiatrists state that most civilians react to excessive bombardments with relatively less neurotic manifestation than soldiers do under similar conditions.

Concerning this different reaction which civilians and soldiers show to the actual trauma of war, we hear usually the same explanation—which we heard twenty-five years ago—namely, that the psychoneuroses primarily constitute a “flight reaction,” which helps the soldier to achieve security, by being removed from the war zone to the home front. It is assumed that the civilians, in this situation, do not react in the same way, because they have no home to which to flee.

It is true and was a common experience during the first war that frequently the symptomatology of the neurosis extended and became more consolidated in psychiatric casualties as the afflicted soldier neared his homeland. Two factors were responsible for this phenomenon. The one was that on his way home, the soldier, during his temporary stay at stations and hospitals, was often

¹ A. Freud and D. Burlingham: *Young Children in Wartime* (London: George Allen & Unwin Ltd., 1944)

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wrongly diagnosed and; moreover, wrongly treated. Those treatments (based on what was at the time a quite universal conception of neuroses as some kind of latent "hysterical" malingering) affected the soldier's ego as a continuation of the trauma of war and increased his symptomatic defenses. Besides this, regaining security is certainly a factor which is effective in establishing or cementing symptomatic defense reactions. However, security, in the form of being released from the physical dangers of combat duty, comprises only the "secondary gain of illness" which an ego develops in every kind of neurosis, making use of the symptom secondarily as a defense against an unbearable reality.

The essence of security, which the war-neurotic-ego tends to re-establish, is *security within itself*, i.e. the re-establishment of its narcissistic equilibrium which has broken down under the flooding of affects—particularly those of anxiety and rage. I think my statement of twenty-five years ago that the soldier's ego saves him from a psychosis by developing a neurosis is still valid. The actual trauma precipitating his mental breakdown is a *real* danger with which his ego has to cope and for which it lacks the necessary equipment. Therefore, it is only understandable that this "military ego" has a tendency to employ a defense reaction—essential in psychosis—to "break with reality" and to withdraw all instinctual cathexes from the outside world and take refuge in narcissistic conditions.

I was always inclined to consider the many incidences of disturbances of consciousness which preceded the outbreaks of war neuroses (in I might estimate 75% of my cases) as an attempt to regress to the unconscious condition of primordial objectless narcissism. I refer to states of temporary fainting, as well as to long lasting conditions of comatose stupor. The tendency to "break with reality" as the *immediate* reaction to horrifying war experiences quite often may produce personality disturbances resembling psychoses.

Such "flights from reality" do not turn into genuine psychoses if the ego of the soldier is not individually predisposed by trends of regression to deeper fixations at early stages of infantile development.

However, let us consider the reason why the psychological constellation of military discipline is the etiological factor in the general predisposition of the "military ego" to war neurotic afflictions, in contrast to the ego of a civilian. The ego of the soldier, as has been stated, undergoes alteration by being subjected

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to the process of military discipline. What is the essence of military discipline? It is a way of training the soldier to function as a member of a military unit. What is a "military unit," psychologically? A military unit is an "organized group." In such a group, as we have learned from Freud, individual members are identified with one another by libidinal ties and are collectively identified with the leader of the group. The "blind" acceptance of leadership is based on the psychological fact that every individual member of the group transfers his super-ego functioning to the group leader. The group leader represents the externalized super-ego. Group leadership in a military organization is administered by a hierarchy of leaders, beginning with the private, first class, up to the commander-in-chief.

Thus, the soldier as a member of an "organized group" finds himself in the same emotional position as the child *before* the development of a super-ego, at the period when the *external authority* of the *parents* represents guidance, security and protection against an unknown reality.

The way a soldier is indoctrinated into military discipline shows clearly this tendency to have the soldier regress to the relationship of a child to its parents in his relationship to his superior officers. As an example, I have to refer only as to how the new recruit is trained in making his bed correctly, as if final victory depends on whether it is smooth or wrinkled. Indeed, language, which preserves the latent meaning of forgotten concepts, proves the correctness of my assumption. The term for the fighting unit which, up to this war, was the basic force of every army is the *infantry*. *Infantry* designates a group of *infants*. I found out about this in the dreams of my patients, and a confirmation in an etymological dictionary.

The child-parent relationship gives the soldier in his relationship to his superior all those advantages of the child, which we have observed in bombed areas. It makes him feel secure and even *immune against the fear of death*, as long as he feels secure in the love—that is—in the appreciation of his superior.

The soldier's lack of personal object love is compensated for by identification love, which binds him libidinally to his leaders and his comrades. Wearing the "uniform" is the symbolic manifestation of a unity which represents him and which is represented by him. This narcissistic-libidinal entity is reflected in the group spirit.

Experiences which frustrate the soldier's tendencies at identifi-

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cation are of far-reaching significance, and the superior officer ceases to be a suitable external super-ego. Personal discriminations, such as concerning the soldier's personal abilities or intentions (morale); or concerning his race or nationality; disappointments concerning promotions; denial of expected decorations were, in the plurality of the cases I saw, the basic causative factors of mental disorders leading to war neuroses.

They isolate the soldier's ego emotionally from the group spirit and render the superior officer incapable of functioning further as a suitable external super-ego. The soldier finds himself in a psychological situation identical with a child who feels himself deserted by his parents. He loses his feeling of security—his immunity against the fear of death. Annihilation becomes a danger of reality, a certainty, whereas before it was only a possibility, which would have concerned mostly "the other ones." Because his ego is psychologically released from the group spirit, his individual super-ego must start functioning again. But it depends on the relative strength and normality of his super-ego how far the ego remains capable of standing disastrous experiences, or if it gives in to neurotic or psychotic defenses.

We understand now that seemingly paradoxical phenomenon that the civilian mind on the average reacts less pathologically to catastrophical events than the soldier's mind. It is a problem of super-ego psychology.

The average normal civilian ego is more resistant, because it preserves, or even augments, the power of its super-ego in reaction to war experiences. The military ego, under the conditions of discipline, is trained to release its super-ego from its duties. Through this, it loses, at least temporarily, the benefit of this inner controlling power which is instrumental in keeping up its equilibrium,—in spite of real dangers threatening from without, and mental dangers threatening from within—from the source of affectual instinct energies.

It depends upon the degree of maturity of the soldier's super-ego, if and to what degree his ego can withstand narcissistic injuries without disintegration of its mental system.

These few remarks suffice to show that the soldier engaging in warfare is exposed to more than just unusual *external* dangers. These, as I have found in the majority of my cases, were mainly the precipitating factors in bringing about the collapse of the ego; be it woundings, sicknesses, exposures to drumfire, to so-called "shellshock" (unconsciousness after being buried under debris, or

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blown-up into the air) or other catastrophes. These traumatic experiences were often preceded by mental conflicts, afflicting an ego already altered by military discipline. This psychological constellation constitutes the *inner* danger situation, which transforms the reaction to the *external* danger into a mental trauma.

The majority of these soldiers felt themselves not loved by their superior. They believed they were mistreated by them physically or mentally, i.e. injured in their self-love, in their self-esteem. For causing such mental trauma it is of no avail if the avowed mistreatment actually had occurred, or were only perceived as such in the fantasy of the soldier. The more the soldier's ego had previously regressed to a state of narcissistic infantility, the less was a concrete offense necessary to affect the military ego as a trauma. It is a problem of relative proportion of the actual happenings to the degree of maturity of the ego reacting to them. In the German army at that time the offenses mostly were actual ones.

I have heard the objection that my theory, derived from my experiences and work with the German army, twenty-five years ago, cannot be applied to experiences of the armed forces of the United States. For the relationship of our soldiers to their superiors is based on mutual understanding and cooperation in accordance with the democratic principle of our constitution. Such objections overlook the fact that human beings remain human beings. Besides, the superior officer's ego has undergone the same training in military discipline as the private, and repeats the same psychological pattern in his identifications and object relationships. This officer also has his superior, and this other, higher superior knows more about reality than he. The feeling of inner security which the superior has depends very much on his relationship to his higher-ups. He must feel appreciated, i.e. loved by them as if they were substitutes of omniscient parents, who lead him to an unknown future, mostly in an unknown land.

Military discipline is a psychological state which, in varying degrees, concerns everyone who in war has lost his security as a civilian, and has regained it as a uniformed member of a fighting unit. It is therefore not surprising that a superior officer, also, even a medical officer, can develop a war neurosis. Although these categories of soldiers have more possibilities to keep their egos consolidated, since they enjoy more individual privacy and are not so directly subjected to the psychological effect of the group as such.

Narcissistic woundings, in combination with an emotional shock,

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due to catastrophic events, will result in genuine psychoneurotic reactions in all cases in which the mental system of a soldier was predisposed. Soldiers are mentally predisposed to narcissistic traumata if, before entering the military service, they still have been carrying in their unconscious the residues of an unsolved Oedipus conflict. Many of them did not show manifest neurotic symptoms in civilian life. These men had managed to save themselves from such symptoms by "acting out" their unconscious, infantile tendencies. An irrational trend in their lives had created for them and their environment an atmosphere of "neurotic misery." They suffered because they found themselves entangled in unhappy love relationships or in seemingly unsolvable conflicts with their parents or their co-workers. For this category of soldiers, going to war meant relief from civilian misery. It is understandable that they are inclined to volunteer for war services.

To the predisposed, war represents the actualization of the original Oedipus situation: their country symbolizes the mother, and the enemy the father.

I could cite many examples where wounds, particularly those acquired in hand-to-hand fights, precipitated a war neurosis. The close sight of the enemy who had to be attacked directly provided an opportunity to merge the idea of the enemy with the unconscious image of the father.

It is the study of these cases which brings us nearer to an understanding of the problems, mentioned in the beginning, of how *real anxiety* can turn into *neurotic anxiety*. This problem, as I see it, is closely related to the way in which the emotion of rage and the corresponding affect of hate, disrupt the mental equilibrium of the soldier.

The military situation, that is, fighting as a member of an organized group against an external enemy, entails a specific danger for the ego of all predisposed soldiers. The danger results from the fact that war represents to them an attempt to solve the ambivalence conflict towards the father in a specific manner. Such war neurotics have gained the opportunity to divide their ambivalent feelings against their fathers between two father images: One, the good father, the one to be loved, is the soldier's superior; the other, the bad and hated father, is the country's enemy. As long as the superior who orders the soldiers to kill the bad father is a representative of the good father, the ego is willing to make all necessary sacrifices. However, as soon as the superior hurts the soldier's self-esteem and inflicts narcissistic injuries upon his ego, this

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superior also assumes the role of the hated father. The soldier then is tempted to kill his superior, instead of the enemy of his country.

As a consequence, the superior is divested of his ability to function as a suitable external super-ego substitute. The soldier's inner super-ego starts functioning again by an attempt to repeat the childhood process of internalization. The aggressive, destructive tendencies aimed at their own superior (father substitute) become withdrawn and introverted, and tend to augment the strictness of the inner super-ego. To the unconscious of the soldier, there exists from then on only one enemy. The enemy of the country and the superior officer have become one. Both represent the father.

Guilt feelings may then paralyze the whole personality by causing phobic reactions against staying at or returning to the front, a change in the soldier's character attitude which quite often is mistaken for cowardice. Also, the opposite reaction can be observed: soldiers overcome the murder taboo through the impulse to be killed by the enemy,—sometimes unconsciously identifying the wish to be killed with latent tendencies to yield themselves homosexually to the father; they become over-aggressive. I observed one soldier who in this way provoked being shot in his head; another, before his mental breakdown, stormed the Russian front single-handed—displaying an attitude of pathological heroism.

The intra-mental conflict is specifically determined by the instability of the super-ego. First it was weakened by being induced to allow the release of formerly repressed destructive instinct energies, as long as they were directed against the national enemy. However, it was forced to become over-strict when aimed at their personal enemy, who very often unconsciously meant the hated father.

Let me give you an example: A soldier, whom we shall call Smith, after twenty-five months of fighting at the front, developed a syndrome which closely resembled a psychosis. He alternated between depressive states and outbursts of rage. The depressive states were similar to melancholia, combined with self-reproaches and delusions of sin. In my hospital, he wrote many letters to his mother and to the Kaiser. In one of these letters he wrote: "Please, mother, tell the Kaiser as soon as you see him that I am innocent." His condition started with headaches, followed by desertion from the front line trenches, and his stubborn refusal to return.

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The hardships of war in the previous two years were associated for Smith with conflicts with his corporal. The corporal had prevented his getting the Iron Cross, which he believed he deserved. He hated this corporal. But discipline forced him to suppress his emotional reactions, and did not give him the leisure to master his conflict intellectually. The essential factor in bringing about his war neurosis was that the corporal, in an outburst of rage, once said: "I hope the first French bullet today will smash in your head." This threat of his superior caused Smith's phobic reactions. He could not go back to the front line, not because he was afraid of being killed, but because he felt deserted and was unconsciously afraid that he would have to aim at his corporal instead of at the Frenchmen. His phobia was due to his guilt feelings, because he could no longer divide his ambivalence towards his father by hating the enemy and loving his superior.

When, in the course of his mental disorder, he again projected his super-ego into the outside world, he chose the Kaiser as the representative for it. The Kaiser is a typical father symbol. Evidence that the Kaiser was a father symbol for him was the fact that he assumed his mother was in close contact with the Kaiser.

In practice, the soldier often can maintain his "mental coherence" only if he is able to destroy that particular person whose mere existence disturbs his mental equilibrium.

The external, real danger has been transformed into an inner, mental danger.

The ego is no longer afraid of the power of fate represented by the external enemy, threatening it with annihilation, but instead has become afraid of the threats of its own super-ego—of its strictness, or of its collapse; the latter would render the ego directionless when its instinctual drives clash with the demands of reality. Enormous latent or manifest guilt feelings are the consequence.

That the danger feared or longed for signifies castration, I could see clearly in two cases. The first was an officer who shot himself in his testicles out of fear of returning to the front lines. The other was a soldier who suffered from a spastic speech disturbance and memory defects after he had been buried under debris and had been unconscious for quite some time. Typically, his last visual impressions of the outside world—perceived before losing consciousness—had undergone associations with the repressed ideational content in his unconscious. Before being buried under debris, he had seen a comrade's face being smashed by a bullet—particularly the lower jaw. Because of his identification with him,

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the wound of his comrade represented the same danger to himself. His unconscious perceived this danger as castration from his father, whom he had always hated. He had particular difficulty in suppressing his desire to shout his aggressions at a superior by whom he felt deeply offended. His spastic speech disturbances were nothing but a self-inflicted inhibition against becoming aggressive verbally.

Here, I may insert a word about the general symptomatology of the war neuroses. In the beginning of this paper, I summarized them by saying that they comprise ego impairments, resulting in difficulties to maintain object contact. They are mechanisms of escape from an unbearable reality, as in psychoses. However, they turn into neurotic symptoms through the interference of the super-ego, which, as we have pointed out, was able to transform the external danger to an internal instinct danger. War neurotic symptom formations, as I see it, consist in a conversion of not *erotic, but destructive instinctual energies*. By forming symptoms, the ego avoids a complete (psychotic) break with reality. It also brings about a release of tension toward the super-ego. By protecting itself against the real danger of its own aggressiveness, it also "maintains itself" i.e. preserves its inner coherence.

The war neurotic does not break with reality—he gives up his contact with it only partially, for instance: by not seeing or hearing or talking or walking. These partial ego impairments are regressions to helpless conditions of certain stages of infantile development. They signify, as it were, spite reactions against a world of objects, which through military discipline induced a condition of emotional regression to childhood and then deprived the soldier of the advantages going with this regression, i.e. infantile security.

The so-frequent war neurotic syndrome of epileptiform seizures is of particular significance in this respect. I learned to understand them as an attempt at ego regressions to phases of childhood, when the infant was able to discharge its rage only in uncoordinated movements.

The reader might ask at this point—what importance has normal anxiety in bringing about mental disorders precipitated by the "war shock," an anxiety everyone is subjected to in the face of disaster or annihilation? To this I must answer: The affect of anxiety is of cardinal significance in the causation of all mental disorders mentioned.

However, its pathological effectiveness comes about through the disturbance of its biological discharge mechanisms. Anxiety, as

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Freud has reminded us, is a psycho-biological danger signal, an alert for the individual to set in motion his outer motor defenses, i.e. either to flee from the danger situation, or to attack, to destroy, the dangerous object. Besides, the mental sensation of the anxiety affect is accompanied by certain irritations and discharges in the autonomic nervous system, i.e. into the inner motility of the body.

I have gained the impression that there exists some kind of antagonism between the inner automatic discharges of affectual energies of anxiety on the one hand, and its outer motor abreactions on the other. This implies that the less an individual is able to react to a danger with flight or aggression, the more his autonomic nervous system will become overloaded with affectual stimuli. In other words, disturbances of the functionings of the autonomous nervous system with subsequent alteration in the endocrine system, occurring in reaction to catastrophical experiences, might indicate that an individual has had to endure periods of anxiety without being able to resort to action, i.e. to flee or to attack.

What has taken place here is the employment of a defense in the form of supression and not of repression. I do not hesitate to accept for these syndromes the term "war physio-neuroses," which Kardiner has suggested for a much greater variety of adaptability disturbances of the soldier's ego. However, even in those symptom manifestations which seems to demonstrate so clearly an emotional fixation of the individual on the original danger and anxiety situation, we find the mechanisms I have described above. I refer to those compulsive body movements or body postures which the soldier had employed as actual defenses, i.e. against the danger of suffocating in the moment he was buried under debris—movements and postures which became fixated afterwards, associated with loss of memory for everything which had happened before he lost consciousness. The fact that the soldier compulsively repeats such bizarre movements, even much later when he is already released from combat duty, is considered as due to an unconscious wish to protect himself against being called back into the danger zone; or that with the loss of capacity to cope with reality in general, by employing the one form of "adaptation" (his compulsive movement) which has once saved his life.

One of my patients suffered from a shaking tremor of the right arm, with peculiar circular movements of the thumb and forefinger, which looked liked a one-sided Parkinson. Hypno-analysis revealed that during a furious hand-grenade fight, he was just on

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the point of setting a grenade fuse with a screw-like movement, when suddenly he was blown over. He lost consciousness with his rage undischarged.

In another case, compulsive windmill-like movements of the arms symbolized the soldier's attempt to free himself from a mountain of debris that threatened to suffocate him. This patient was very much feared by all military physicians, because he was very aggressive and, temporarily had knocked down several of them, interrupting his movements.

Also the anxiety of this soldier had become fixated, because—by being buried and losing consciousness—he had been deprived of the adequate possibilities for discharging his pent-up rage, i.e. by killing his enemy. Converted destructive instinctual energies impelled him to repeat a certain pattern, the meaning of which was to give back freedom of action to his oppressed ego.

A few further observations about the mental economic significance of this phenomenon of "repetition compulsion" will confront us with the problem of *psychotherapy* of the neuroses of war.

The "*repetition compulsion*" is a fundamental factor in all traumatic neuroses. The compulsion to repeat the original real trauma comes about through the need of the ego to unload its psycho-physical organism from pent-up affectual energies. It tends to revive the original danger situation, in order to experience the psycho-biological alert signal, i.e. anxiety, which, in turn, would set in motion the physical and mental mechanisms of discharge. The traumatic shock consists in the fact that, at the original situation, either anxiety could not have been developed at all, or the outer motor discharges adequate to this affect (flight or attack) have been blocked.

Under the conditions of sleep our outer-motor innervations are blocked physiologically. Therefore, in dream hallucination, the ego sees a way to recreate the traumatic situation, and to discharge its suppressed and repressed instinctual energies, without again colliding with the object world. Since, however, the hallucination is but a repetition of a *real* situation, the blockage of the outer motor innervation frequently does not hold and sometimes causes somnambulistic states.

The war neurotic's ego seems to be *in search for anxiety*. This for two reasons: First, because, in the unconscious, there are memory traces of the primordial experiences that the mental condition of anxiety tension unlocks and releases mechanisms of the mental apparatus flooded by stimuli; and second, because the war

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neurotic ego seems to be in need of such emotional bridge in order to resort to action. The adequate reaction to anxiety for a soldier is not flight but fight—aggressive destruction. Thus he has been trained by his superior and by his super-ego, i.e. by military discipline.

Here we discover a decisive difference between the etiology of a war neurosis and the usual psychoneurosis. The latter originates in childhood when the child was physically powerless in relation to his parental objects of conflict. To the child the adequate reaction to anxiety is flight. Therefore, the symptomatology of psychoneuroses has the tendency to avoid neurotic anxiety, i.e. clashes with the super-ego, the powerful parent representative. In war neuroses the ego wants to create real anxiety in order to establish an emotional situation in which the ego feels equal to the externalized parental authority represented by an actual enemy,—either his individual enemy or the enemy of his country.

Therefore, if the war neurotic can bring about a transformation of affects, if he can turn anxiety into rage and aggressive action,—his ego can find its way back to reality.

Looking back upon the *therapy* I employed twenty-five years ago, I must say that I arranged it in accordance with the aforementioned principles. Of course at that time I did it intuitively. And only through the enlargement of our psychoanalytic ego psychology, which we have gained in the meantime (thanks to Freud), am I able to define theoretically the principle of my therapy at that time.

From the very beginning my attention was captured by the characteristic dream life of my patients. I recognized that tendency to repeat the traumatic experience and conceived that this must indicate a latent tendency at a *self-cure*. I also found out that soldiers with epileptiform seizures sometimes, during their states of unconsciousness, hallucinated conflict situations, characterized by the emotion of anxiety or rage. I learned to understand that their tonic-clonic muscle spasms signified a discharge of their rage in the form of *uncoordinated* movements. I became aware of this, by being able, under hypnosis, to lift the amnesia for these fits, or by getting contact with the individual even during his original state of unconsciousness. I concluded that I must make use of this *self-curing tendency*, manifesting itself during sleep and in epileptiform seizures and must give the patient the opportunity to repeat his traumas under hypnotic condition of unconsciousness.

In my therapy, I established a direct bridge between the two

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unconscious states—that of sleeping and that of being under hypnosis. For instance, I used dream contents in order to induce hypnotic repetitions of traumatic war scenes, or I asked the soldier to interpret his dream symbols himself, while under hypnosis. Sometimes I applied post-hypnotic suggestions in that I asked the patient to supplement, by dreaming, certain fragments of memory which had come up in his hypnotic hallucinations.

Experiences taught me that it depended very much on my personal attitude during the hypnotic situation to what extent and in what way the patient under hypnosis was able to remember and to relive traumatic experiences in his hallucinations. I had to give him reassurance by suggestion that he was perfectly safe and did not need to fear physical annihilation or personal defamation. I assured him, in particular, that he would lose nothing in my esteem no matter what he might reveal.

The function which I assumed in this way—as it is clear to me now—was the function of a super-ego, of a benevolent one, a representative of a good father, who guaranteed him security and protection against his evil father. In this way, in the capacity of the hypnotized soldier's super-ego I could remove the intra-mental censorship which during the condition of sleep sustains the barriers of repression and inhibits the full uncovering of forgotten traumatic experiences and their adequate emotional abreactions. Under such therapeutic set-up, the soldier in hypnosis would not only imagine his past experiences, as in a dream, but would "act out" his hallucinations. This meant he would relieve himself of his mental pressure by discharging his aggressions into the outside world. Thus the psychological constellation of the hypnotic situation turned out to be a repetition, or rather a restoration, of the original interrelationship of the soldier to his superior, under the psychological condition of war discipline. The hypnotic condition repeated the situation of a military ego which by discharging its aggressive instinctual energies, found the approval and protection of its externalized parent-super-ego.

From these deliberations it is understandable theoretically why, at that time, I found it necessary from a practical point of view to introduce an *actual enemy* into the therapeutic situation. This "actual enemy" placed in the treatment room as soon as the patient was under hypnosis was a stuffed dummy. This dummy had to accept the roles of all the bad father objects and as I would term it today, of the evil re-externalized super-egos which were responsible for the essential woundings to the soldiers narcissism.

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I registered it always as the beginning of the cure when the patient's initial fear of this dummy finally turned into rage, resulting in the dummy's partial mutilation or complete destruction. This specific discharge of destructive energies towards a specific object of repressed hatred often brought about a dramatic change in the whole personality of the patient. In particular, depressive attitudes associated with pathological guilt complexes disappeared. The therapy was concluded by what I would call today a psycho-orthopedic treatment of the super-ego. Under hypnosis, after the aggressive energies had been discharged into the outside world I made use of the tension release between his ego and super-ego to reconcile them. I told him he had killed his enemy in a dream, and need not feel guilty about it. He could be proud and hold himself in high esteem for all he had done so far, and his good intentions in fulfilling his duties to the nation. In interviews under normal conditions I helped the patient to understand and to conquer intellectually what had happened to him under hypnosis, as well as in reality.

I considered my patients as practically cured when their dream-life appeared to change definitely by losing its tormenting character, so that sleep could fulfill its psycho-biological task of restoration and recreation. In modern terms, I would say: I considered the soldier cured of his traumatic-neurosis as soon as the "repetitive compulsion" had ceased to operate in his dreamlife, i.e. after the need for it had been eliminated through an adequate settling of the basic conflict under hypnotic-conditions. •

Of a great number of my patients I know that they were *helped* but not cured. I had to dismiss them often when the repetitive pattern of frightening war experiences had disappeared from their dreams. In their stead symbolic-manifestations had come up which pointed to repressed memory traces of earlier traumatic-events in childhood." For these individuals a continuation of the treatment in the form of a correct psychoanalysis would have been necessary.

The question may arise: Is psychoanalytic hypno-therapy or psychoanalysis necessary for *all* mental disorders precipitated by the war?

I consider the treatment described above as indicated for those soldiers whose war neurotic syndrome has developed in full, and in particular if these soldiers have been returned already to hospitals in their home country.

I am certain that a number of mental breakdowns would not be in need of such intensive psychotherapy. As I have mentioned

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above, there are certainly many soldiers who suffer merely from psycho-physiological disturbance of their affect balance, a condition similar to what Freud calls "actual neuroses." These soldiers are chiefly in need of rest and recreation, in addition to what we may call *psychiatric first-aid*.

Fortunately, in modern warfare military psychiatrists are on duty at the front lines, or in close contact with the fighting units. The advantage of this arrangement is that psychiatric casualties can be diagnosed in their incipient states and, besides, a kind of *short psychotherapy* can be administered if indicated. Also in these short psychotherapies the *spoken word* is a powerful means. "Talking" gives the soldier the opportunity for catharsis and for mastering his emotional reactions *intellectually*. The soldier can "get off his chest" impressions which otherwise would crush his spirit. In the attendance of a kind understanding psychiatrist he also finds a substitute for the parental love which he longed for and missed. Thus the "transference" relationship with the psychiatrist may help to heal his narcissistic ego injury at its very onset.

Of great importance is the *problem of prevention*. What can be done to diminish the effect of the impact of the catastrophic danger situations on the one hand, and, on the other hand, to make the "military ego" capable of withstanding this impact without disintegrating?

There are certain factors in the training of soldiers at this time which might be considered as having a preventive quality. In every training program the soldier is gradually conditioned to exhausting and horrifying experiences, so that if he must face these in reality he is prepared not only physically but mentally to meet the *danger from without*. Besides, it is of preventive value that in this war, much more than in former wars, the general concept of the anxiety affect has been recognized for its true psychological value. The individual soldier generally knows that the acceptance of the sensation of anxiety in the face of real danger is a normal reaction and does not make him a coward. The very fact that his ego can accept this anxiety realistically prevents the suppression of anxiety. Thus, the ego is better equipped to discharge its affects in adequate action and to avoid panic reactions.

As far as the *danger from within* is concerned, there is a certain principle inherent in modern military discipline which, to a certain degree, might be able to counteract the danger from within. This is the attempt to combine with the training for blind obedience, the development of the ability to accept individual respon-

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sibility—i.e. to “take over” leadership at given moments. This is particularly possible and effective in the training of soldiers bound together in small organized units, who are assigned to specialized weapons such as tanks, planes, submarines, etc.

There is another factor of utmost psychological and realistic importance which concerns the soldier's *conscious* attitude towards the war he is fighting. His conscious mind needs a *common ideology* which unites him with his comrades, his superiors and with his country. If he is aware of such ideology, his ego keeps allegiance, not only to an external super-ego substitute, but also to an inner ego ideal, common to all. If this is the case, then the structural edifice of his ego will remain resistant and cohesive, even when the libidinal ties to his superiors are loosened. The allegiance to the common ego ideal will preserve the group spirit and prevent it from individual collapse. In this respect the armies of the totalitarian states are better off, since their nations have been organized on a military disciplinary basis before the war. And when a civilian becomes a soldier he only carries over the already existing ideology.

A common ideology is also essential in helping the soldier to liquidate the war psychologically,—i.e. to retransform his “war ego” into a “peace ego.” A process of emotional rematuring is necessary for every soldier, not only for the war neurotic. This is a difficult task in itself. The man in uniform has been accepted by himself and recognized by the population as a representative of the common cause of the whole nation. When he has to don civilian clothes he becomes an unknown soldier of the industrial army. If a common ideology unites the nation before, during, and after the war, his ego as a civilian will remain allied to it and willing to make the sacrifices necessary in the period of post-war reconstruction.

The great host of compensation neuroses which we saw after the last war was due to the ex-soldiers' need for recognition and appreciation. The incongruities observed when disabled soldiers fight for a small compensation and remain mentally ill just through this struggle, indicates that to them *money* is only a *symbol* for the appreciation and love they strive to gain in order to compensate for the loss of love which their “military egos” have suffered in their narcissistic conflicts.

The phenomenon of compensation neuroses is only one of many other important problems which show that psychologically the impact of the war on our mind is not over with demobilization.

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However, to deal with this important problem would require opening a new chapter concerning *psychoanalysis for tomorrow*.

The purpose of this paper is to give a microscopic picture of the war ego. I do not assume that with the presentation of this material all the problems of the traumatic war neuroses have been solved. However, I hope I have been successful in giving the reader the essence of the mental conflict involved: the ego has become a battlefield itself,—because the fight for individual and national existence has been transformed into an inner struggle of the ego to “maintain itself,”—i.e. its psychological entity.

Freud was right after all when he said in 1918—“In the traumatic neuroses and in war neuroses the ego of the individual defends itself against a danger threatening from without, or a danger which is embodied in the structure of his ego. . . . One can dare say that in *war neuroses*, what is feared is an *inner enemy*. In this way war neuroses differ from traumatic neuroses, but are similar to transference neuroses.”

BIBLIOGRAPHY

- Freud, A., and Burlingham, D.: *Young Children in Wartime* (London: George Allen & Unwin Ltd., 1944)
- Freud, Sigmund: *Beyond the Pleasure Principle* (1922)
Group Psychology and the Analysis of the Ego (1922)
The Ego and the Id (1927)
Civilization and Its Discontent (1930)
- Freud, Ferenczi, Abraham, Simmel: *Psychoanalysis and the War Neuroses* (1921)
- Kardiner, Abram: *The Traumatic Neuroses of War* (New York and London: Paul Hoeber, Inc., 1941)
- Simmel, Ernst: *Kriegsneurosen und “Psychisches Trauma”* (War Neuroses and “Mental Trauma,” Otto Nemnich, Munich, 1918)

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IT is to Freud's credit that we can speak today of the meaning of neuroses and psychoses. Before Freud, the neurosis was considered meaningless. There was either a spinal irritation or an anemia of the brain. It is true that Janet had already spoken of unconscious ideas as the basis of a neurosis, but according to him, the hysteric patient forgets the most important events of his life because of an innate constitutional tendency to dissociation. This tendency is, according to him, a physiological state, not connected with what is going on in the psyche. It is a peculiarity of the brain and of the organism, without sense and without meaning.

When Breuer and Freud began their studies in hysteria and found that hysterical symptoms occur when dammed-up emotions do not have an outlet because they are forgotten—locked out—from the consciousness by an amnesia, they did not think of this amnesia as the result of a psychological process, but postulated a state similar to hypnosis, a so-called hypnoid state brought on in a physiological manner. Therefore, the amnesia needed not a psychological interpretation, but a physiological one. It was later that Freud found that the forgetting of the traumatic scene or, in a broader sense, of the disagreeable events and thoughts was due to a psychic defence. With that insight, psychoanalysis, as such, began. Freud gives one of his early publications the characteristic title, *Defense Neuro-Psychoses* (*Abwehr-Neuro-Psychosen*), and in it he shows that neurotic symptoms are due to the self-defence of the individual against strivings, tendencies, desires, and experiences which are not in accordance with the conscious adaptation of the personality, i.e. with the ego.

In the introductory lectures to psychoanalysis, he reports the case of a thirty-year-old woman who suffered from a severe obsession. One of her compulsions, recurring several times a day, consisted of her running out of her room into the adjoining one, standing at one particular spot near the table, ringing for the maid, giving her an irrelevant order, and running back again. One day the insight into her action came to her and she told the events

* Died 1940. As this paper is of basic importance and has not been outdated, it has been included in this volume.—Ed.

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which were at the basis of the obsession. More than ten years before she had married an older man who proved to be impotent on her nuptial night. He had run innumerable times from his room into hers in order to try again, but without success. In the morning he said angrily, "One has to be ashamed before the servant girl who will make the bed." He took a bottle of red ink and poured some of it on the linen, but not quite in the right place. The cover of the table in the room into which the patient ran showed a larger stain. She explained also that the maid who was called in could not overlook the stain. This detail makes it clear that there is a connection between the events of the nuptial night and her compulsion reaction. The patient plays the part of her husband. She runs from one room to another as he did. The bed and bed linen are substituted for by the table and the cover of the table. The compulsion reaction appears as the repetition of this important scene, but there is a special importance in the fact that she wants to demonstrate to the maid that there is a stain in the right place. The scene is not only repeated but also corrected, and she corrects also the impotency which occurred this fatal night. The compulsion reaction therefore means that it is not true that he was impotent and there is no reason to be ashamed before the maid.

Freud remarks that the effect of this compulsion neurosis is that the patient lives apart from her husband and makes it possible for him to live a comfortable life, whereas she herself is compelled to remain faithful to him.

We see that the neurotic symptom has a meaning, but this meaning is not manifest. The patient does not know, or at least must not know, about it. In the course of the analysis the insight may come more or less spontaneously. The meaning of the neurotic symptom is also unknown to the psychoanalyst. It is a hidden meaning or, in other words, a latent content in a neurotic symptom.

In the symptom mentioned here table and tablecloth substitute for bed and bed linen. We may call that a symbolization. If we summarize we may say that the neurotic symptom does not have a meaning when we consider only the manifest content, but the manifest content hints at something lying beneath it, or, in other words, it symbolizes the inner meaning of the symptom. When we speak of the meaning of a symptom, we therefore mean only the latent content of the symptom.

But the instance given is incomplete in some way. The meaning of the symptom seems here to be only connected with experiences

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very well remembered which belong to the adult life of the patient. Whenever we have the opportunity of delving deeper into a neurotic symptom, we always find that it is connected not only with experiences of adult life but with important childhood situations.

A neurasthenic patient I observed complained about itching sensations in his hands and genitals. He was very much disturbed about them. At the same time his hands and feet excited him enormously, sexually. The analysis brought out that he had heard his mother moaning in giving birth to a sister four years younger than himself. He formed the fantasy that the physician was tormenting his mother by brushing her feet with a stiff brush. He had seen his father occasionally cleaning his feet with his hands. The patient himself had suffered from an itching disease before the birth of the sister. His father also complained of itching on his back. The itching sensations of the hands, feet, and genital organ therefore repeat early infantile experiences, but these early infantile experiences are of a sexual type. The boy, after having experienced these sensations during the birth of his sister, very often masturbated, lying under the bed, imagining his mother or himself being tormented. In his masturbation he used his hands. We now see more clearly that the symptom is a repetition of an infantile sexual experience, but it is a repetition which is changed. The most important parts of the early experience are omitted because they do not fit with the strivings and tendencies of the ego—of the individual—any longer. Or, in other words, the repression causes the early sexual experience to return incomplete and altered. The incompleteness and the change have practically the same result and tendency as the symbolization. In brief, we may say that the symptom is an incomplete and censored sex satisfaction of an infantile type. When one reads over the material given about this comparatively simple symptom, one immediately sees that there are many motives and many tendencies expressed in one symptom. In the words of Freud, there is an over-determination of a symptom.

But so far we have not spoken about the meaning of a neurosis, only about the meaning of the symptoms. Are the two identical? We know that there are many neuroses consisting of not only one symptom but of many. But whenever we go more deeply into the structure of a neurosis with multiple symptoms, we always find them centred around the same early infantile experiences and very often different expressions of the same basic tendencies. In an anxiety neurosis case which I observed many years ago, the basic

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tendency was to see forbidden sexual things. In early childhood the patient was interested in the genitals of his sister, in the feet of his mother, which symbolized her genitals, and in the feet of maids. He dates an early remembrance back to the time when he was one and a half years old. He was lying on the ground and trying to look under the skirt of his wet nurse. The curiosity was in connexion with the genitals of mother and sister and with his enormous attachment to the mother, which prevented him from a sexual approach to persons of the opposite sex who substituted for his mother. Since his curiosity was especially directed to the feet of his mother, he had a particular difficulty when walking. The description of one group of symptoms is practically the whole life history of a patient, and when there are several symptoms, these symptoms are always connected with each other and lead back to the same basic situations of childhood. Freud has taught us that in the development of an individual the Oedipus complex plays the dominant rôle. All the pre-genital activities reach their final formation in the Oedipus complex, and we can judge a neurosis as well as a perversion only if we know in what way the pre-genital activities have resolved in connexion with the dominant figures of father and mother and their substitutes. Therefore, we can also conclude that the symptom brings the repetition of an infantile experience connected with the Oedipus complex. In some way the repetition satisfies this infantile desire, but the satisfaction is only incomplete and symbolic. This is the ultimate meaning of a neurosis which thus becomes the expression of the basic tendencies of a personality.

It is not difficult to prove that in criminal actions, in the actions of psychopathic individuals, and in perversions the same infantile tendencies achieve their satisfaction. Psychoanalysis was inclined to believe at first that the satisfaction in a perversion is the satisfaction of an infantile perverse desire in a direct way. The newer investigations have taught us that the perversion, the action of a psychopathic individual, and the criminal act are all symbolic in the same way as the neurotic symptom. We find also in those cases conflicts in the building up of the Oedipus complex, these conflicts finally leading to early repressions which necessitate a symbolic expression of the primary wish. Overt homosexual activity as well as any other perversion, therefore hides its real meaning in the same way as a neurosis and a neurotic symptom does.

All these infantile desires belong to the system of the id. We know that the id has different strata, and in the different neuroses

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different strata of the infantile desires find their symbolic expression. We know that in the obsession-neurosis, homosexual, anal, and sadistic tendencies are tied up to the Oedipus complex and find their veiled satisfaction in the obsession-neurotic symptom. The obsessional fear in one patient of being bitten in the genitals by horses was derived from an early scene where the father, in an outburst of anger, threatened to hit the child who had put a chair in his way. But the same patient also had early anal-sadistic experiences in connexion with a maid. Later on he was compelled to think about streets entirely covered with faeces. Particular cleanliness in an obsession-neurotic case reveals itself as a defence reaction against the primary infantile pleasure in stool. It may be added that not only the neurotic symptom in the narrow sense, but also the symptom with which the individual finally agrees and which we then call a character trend, have a similar source and a similar meaning. Whereas the meaning of the obsession-neurosis is to be found in the anal, homosexual, and sadistic sphere, the meaning of hysterical symptoms is based upon the heterosexual Oedipus complex. In hysteria there is already signified a full genital sexuality. The hysterical symptoms constitute symbolical genital sex satisfaction. The objects providing the sex satisfaction are the father and mother. In the hysterical attack we see a symbolic intercourse with the father. Hysterical anaesthesia shows the repression against a sexual satisfaction by the father. All this is very schematic. If one analyses a case one sees that every neurotic symptom is, as we have called it, overdetermined and unites in itself many experiences and many tendencies of the individual, like a lens which binds the sun's rays to a focal point.

We may say that every neurotic symptom has a meaning from the point of view of the id and that this meaning has not only theoretical significance but also 'dynamic value. Changes in the meaning are, at the same time and generally speaking, changes in the distribution of psychic energy, or of the libido in each particular case. These changes in the libidinal situation find their immediate expression in physiological processes. We do not believe, as we once did, that an hysterical symptom is purely mental. It also involves a biological change, a change in the somatic sphere. We know that the blood vessels and all the organs for vegetative innervation undergo changes when the hysterical symptom occurs. We can even be sure that some of the so-called organic symptoms are due to dynamic changes similar to those which cause an hysterical symptom. One therefore has the right to con-

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sider some of the organic diseases as an expression of a meaning. It is not yet determined how far we may go in the understanding of the meaning of so-called organic diseases. Jelliffe, Groddeck, and Deutsch have made important contributions in this direction. But, at any rate, we may form the hypothesis that the body, in its structure and in its changes, may have a meaning, and we may understand this meaning better when we know something about the genesis of the neurotic symptom in general, and especially of the hysterical symptom.

When we study the psychology of persons who have an organic disease, we immediately learn something new. The organic disease solves many problems of the individual. The sick person does not have to care for himself any longer. But he also obtains a weapon in his fight for superiority in the family by achieving the right to be the centre of the family, to be taken care of. But still he suffers. He may feel (if he is pious) that he has been punished for a sin he has committed. Or, even if he is not pious, the disease may appear to him as a punishment, satisfying the feeling of guilt which is present in every person and which has its root in the early development of the child (in the injunctions, punishments and restrictions to which it has been exposed) and in the incorporation of the super-ego in its own ego. The feeling of guilt is based on an ever-present tension between the ego and the super-ego, and in it lies the basis for the Catholic belief in original sin and for Kant's concept that human beings are sinful and bad and that human nature is sinful and bad in itself. We try to escape this feeling of guilt by self-inflicted suffering. But there is also relief from this feeling of guilt when fate (the father) inflicts the suffering upon us. The organic symptom satisfies the desire to suffer.

Quite in the same way is the neurotic symptom, also the fulfilment of what Reik has called "*Straf Bedürfniss*," or the inner need for punishment. Reik and Alexander have shown that the neurotic symptom satisfies this need for punishment; it is a means of suffering which the individual inflicts upon himself. He partially assumes the suffering for the satisfaction he gets from the neurotic symptom, a condition which is particularly evident in obsession-neurosis cases where the sadistic impulses of killing the beloved persons break almost openly into the consciousness. But the individual suffers enormously. We can therefore say, generally speaking, that the psychology of the organic disease has opened our eyes and has shown us that the neurotic symptom also has a meaning from the point of view of the super-ego or the ideal ego. It means

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the fulfilment of the need for punishment. Consequently, the neurotic symptom has a meaning for the id as well as for the super-ego, but even these remarks do not exhaust the problems involved. I have mentioned already that a person who is organically sick becomes automatically the centre of the family. He also gains many external advantages. Society usually takes better care of the sick than of the healthy. The neurotic symptom frees the individual from the struggle of life. In other words, the ego—the organization which maintains us as a unit, which maintains us in social life and in the defence of our own existence—the ego in the psychoanalytic sense, also uses the neurotic symptom. So the neurotic symptom has a meaning from the point of view of ego. The meaning and purpose of the neurotic symptom are thus the same. We cannot understand a neurotic symptom if we do not understand the meaning of id, super-ego, and ego. This point of view may be exemplified in the case of the anxiety-neurosis. The patient mentioned above got his anxiety attacks at first, whenever he came near the district where prostitutes lived. The analysis, we have heard, had brought out his strong attachment to his mother and the fact that his wish to see the genitals of his mother and sister was one of the outstanding factors in the genesis of the neurosis. The feet symbolized, for him, the female genitals. His fear of being castrated was extraordinary. Whenever he was obliged to walk he felt a heaviness in his legs.

In the book, *Inhibition, Symptom, and Anxiety*, Freud considers the anxiety as a danger signal which warns the ego of an inward or outward danger. This danger is, directly or indirectly, castration. The meaning of the anxiety in this case is, "Don't go into dangerous situations connected with sex. Castration may be the result." From the point of view of the unconscious and from the point of view of the id, the patient gains the possibility of being closer again to his family, especially to his mother and sister. He satisfies some of the desires of the Oedipus complex. But, at the same time, the anxiety may be considered as a substitute for sexual satisfaction. It is a product of the conversion of libido. Freud himself is not sure whether his earlier statement that libido is converted into anxiety can be maintained. But I think there is at least the probability that in the anxiety we deal with something similar to the strong irritations of the vegetative system which are attached to sexual excitement. The patient pays dearly for the gratification he experiences by being more closely attached to the family, especially to the mother, just as he pays for the anxiety if it is a substitute for

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sexuality. We may say that the meaning of the neurosis in this respect is that the super-ego obtains its satisfaction by the self-punishment of the individual. We may look for this threefold meaning in every psycho-neurotic symptom. In the consciousness the meaning of the symptom for the ego prevails. After all, the individual, with his neurotic symptoms, must maintain his position in society and in life and the synthetic power of the ego makes it possible for the individual to keep in close contact with reality. (Freud considers the neurosis the result of a conflict between the ego and the id. On the side of the ego is the super-ego. It is true that the defence apparatus—the repressive power—has to be exerted strongly against the id, and changes in this apparatus will be present in every neurosis. But, on the other hand, the neurotic individual obeys the law that asks of us the adaptation to the reality.)

(The fundamental difference between the neurosis and the psychosis lies in the fact that the neurotic person has fundamentally maintained his adaptation to reality, and that the ego of the neurotic has been able at least to achieve some synthetization of the three meanings of the neurosis. In the psychosis the situation is changed. In schizophrenia, the individual goes back to the very early narcissistic stages of libidinous development. In the catatonic stupor, the patient gives up the relation with the world; he enjoys only his own body and he may develop very primitive reactions by resisting every influence coming from the outside. The individual has sacrificed the ego organization, and the whole state of mind has a meaning from the point of view of the id only. There is no super-ego of effective power; it has been pushed aside. It is true, though not in all schizophrenic psychosis, that regression to the primitive stages and to the satisfaction of the id is very much in the foreground. Reminders of the ego function and the super-ego function are usually present to some degree. We generally believe that the ego in the schizophrenic is not destroyed but is only deprived of its powers. Whenever the enormous stress to regression diminishes, the ego and the super-ego set up a new defence against the regressive tendencies, urging toward new relations with the world. Hallucination is very often the expression of such a new interest in the world. The frequent schizophrenic hallucinations about snakes and worms signify a revival of sexual interest in love objects, a revival which is again partly repressed, partly projected by the ego; the super-ego has gained new strength.)

One of my patients, dissatisfied with what he could achieve as a clerk, had started to study linguistic problems in his own way. All

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words which contained the syllable "po" (in German slang *popo* means buttocks) interested him; especially the French word "pommès" (apples) denoted to him the similarity between the roundness of apples and of the buttocks. His linguistic studies signified symbolic satisfaction of his anal tendencies. He went back into a period of his childhood (around the fourth year) during which his interest in the buttocks was paramount. He even had experiences of eating faeces. But the repression went further, and one day he went into a public park and announced that the day of the end of the world had come. This was the expression of the narcissistic repression when the world had lost its libidinous value to him. But immediately afterward he declared that he belonged to the race of tigers, the leader of which had been crucified. The big tiger was his father Christ. He, the patient, would now take his place. This psychotic symptom denoted that he wanted to take the place of the father. But the father for whom he substituted is the godlike father of his childhood. His father, a butcher of enormous strength, had impressed him as a powerful animal. The name of the French statesman Clemenceau (the tiger) always reminded him of his father whose name had been Clemens. In the psychosis, which lasted almost two years, the anal element came again and again to the foreground. Now he kept a piece of faeces for himself because he thought he could rule the world with it. One of the attendants impressed him as being fair; he feared that this attendant would put a snake in his anus. The new interest he was gaining in the world was only anal to begin with, but gradually he returned to higher levels of psycho-sexual integration and recovered. It is easy to see here that the psychotic symptoms have a meaning. They satisfy very deep-lying magic, anal, and homosexual tendencies.

When we deal with systematic delusions of a paranoiac type, we have to reckon with the synthetic power of the ego and the super-ego which tries to unite the products of regression into some adaptation toward reality. We see immediately that only in the deepest catatonic stupor of schizophrenics, when they are motionless, stiff, cut off from every interest, would the meaning of the psychosis be unfold. Probably such a case is only theoretically possible. (In all other cases we meet again the threefold meaning quite in the same way as we have met it in the neurosis. In its whole structure, schizophrenia is much nearer to the neurosis than to any other psychosis. We have in schizophrenia too the conflict between the ego and the id which provokes regression.)

(In manic-depressive psychosis—the interesting condition in which

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the individual is elated beyond all measure or equally depressed—there is also a meaning for the id. We know from Abraham that oral-sadistic features form the background of the depressive as well as the elated phases of this condition. The meaning of melancholia, from the point of view of the id, is the satisfaction of the oral-sadistic tendencies. The melancholic case reproaches himself for it; the manic case exults in giving free rein to oral and other impulses. From the point of view of the super-ego the meaning of melancholia is ruthless, sadistic self-punishment. The manic has succeeded in getting rid of the infringements imposed upon him by the super-ego. Both phases have therefore a clear-cut meaning for the super-ego.)

In the life of a twenty-six-year-old woman suffering from a depression which lasted about nine months, food and eating had played an important part from early childhood. She had always felt food and eating to be the most important part of life. The psychosis started when she had to leave the home of her mother and do the cooking for her husband. In the psychosis she conceived herself as being an enormous tube through which everything had to pass. All food for her meals was the flesh of persons she had killed. She accused herself of having bitten off the genitals of men and having devoured them, and she said that she devoured a great number of human beings every night. But she thought also that she digested men through her vagina, swallowing them via her vagina. In connexion with these fantasies and dreams she experienced an orgasm which had never happened before. In her psychosis the patient therefore satisfied her oral-sadistic tendencies, and it is understandable that she refused to eat and that she suffered an enormous feeling of guilt.

(Finally, from the point of view of the ego, in melancholia we have the ego unable to stand the onslaught of the super-ego. It is lacking in the power of synthesis. In the mania, the ego is liberated from the super-ego and is unable to resist the onslaught of the libidinous tendencies. In both cases we have serious disturbances in the relation between the ego and the super-ego and in the inability of the ego to adapt itself satisfactorily to reality. One sees immediately that the ego is seemingly the organization that makes adaptation possible. Psychoses are characterized by deeper disturbances in that organization. But one sees that even if the ego does not fulfil its function—giving up partially or completely—there still is a meaning in every psychotic symptom. There are unconscious tendencies that want to be fulfilled—tendencies of the

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super-ego—so that we may generally say that the psychotic symptom also has a meaning, although this meaning is sometimes very difficult to determine. There is not only regression in the psychosis, but there is also serious trouble in the adaptation of the ego to reality.)

Whereas in schizophrenia and in manic-depressive psychosis, the disturbance of the ego generally results from conflicts, regressions, and the overflow of libidinous and sadistic tendencies, there is a group of psychoses in which it seems that the function of the ego is disturbed in a more or less direct way. In the so-called mental confusion, the individual is unable to orient himself in the world; he cannot differentiate among or integrate the impression of the senses; he does not see the *Gestalten* any longer. Freud believes that in mental confusion the conflict lies between the ego and the reality. I would prefer to say that the ego is not able to maintain its organizatory function in the perception. When there is far-reaching destruction of the brain, as in general paralysis, arteriosclerosis of the brain, or in senile involvement, the ego loses its organization, especially in relation to thoughts and connotations, but maintains it in relation to perceptions. But in some of these cases we find the perception subject to trouble of the agnostic type. Certainly agnostic patients are not able to organize their perception. But this trouble is different from the perceptive difficulty in the case of confusion, since in the confusion case only the higher synthesis is disturbed. We cannot say that the dementia, as such, has a meaning.⁴ We can only say that the individual has lost the possibility of achieving closer contact with reality. Whenever such an impairment of the ego occurs, libidinous tendencies, which have hitherto been repressed, come to the surface and have a meaning which we can understand only by using analysis.) But we cannot say why the ego, in mental confusion or in general paralysis, either gives up its functions or ceases to exert them in the proper way. We do not know why the ego resigns, but we do know that (when the ego can no longer maintain its function, the id and the super-ego will have a freer range and will express themselves more unrestrainedly than before.) In other words, the organic lesion of the brain brings the unconscious tendencies and their meaning more closely to the surface, so that they become more understandable. (Neuroses and psychoses thus become manifestations of life which appear in every normal individual; they become as meaningful as life itself. Life reveals its meaning only in the concrete life of concrete personalities. We must try to understand the personality of the neurotic and the psychotic so that we may learn to understand the meaning of their symptoms.)

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In general paralysis there are ideas of grandeur in which all wishes and day-dreams reach their fulfilment. The patient is king, emperor, general; he has enormous sexual potency and has relations with the most beautiful women in the world. But also more or less infantile wishes are fulfilled: he is taller than anybody else, he has more stool than any other person, he can urinate streams. Such ideas of grandeur fulfil all the infantile and puberty wishes life has denied. One knows that perverse tendencies which were not active through an entire life may appear in senility. So even in organic destructions of the brain the old problems of the individual are still present. The infantile wishes, the early experiences persist. In other words the life of an individual is an entirety even when an organic brain disease interferes. The id will still strive for satisfaction and will succeed even more successfully when the repressing forces are impaired by the brain lesion.

Every personality possesses deep-reaching tendencies and desires rooted on to the psycho-sexual and ego constitution and formed by the experiences of life, especially by the experiences of infancy and childhood. Our character and our actions, the whole aspect of our life—all are the expression of this composite inner desire. Actions, feelings, and character have therefore a profound meaning from the point of view of the personality as a whole. They are also symbolic in the normal, in that here also they point to deeper and more hidden dynamisms and experiences.

BIBLIOGRAPHY

- Abraham, Karl: "A Short Study of the Development of the Libido Viewed in the Light of Mental Disorders," *Selected Papers on Psychoanalysis* (London: Hogarth Press, 1924)
- Alexander, Franz: *Psychoanalysis of the Total Personality* (Washington: Nervous and Mental Disease Publishing Co.)
- Federn, Paul: "Psychoanalysis of Psychoses," *The Psychiatric Quarterly*, XVII (1943)
- Freud, Sigmund: *Group Psychology and the Analysis of the Ego* (Hogarth Press, 1921)
- The Ego and the Id* (Hogarth Press, 1923)
- Introductory Lectures on Psychoanalysis* (London: 1929)
- Hemmung, Symptom und Angst* (Wien: Psychoanalytischer Verlag, 1926)
- "On Narcissism," *Collected Papers* (London: Hogarth Press, 1924)
- New Introductory Lectures on Psychoanalysis* (London: George Allen & Unwin Ltd.)
- Fromm-Reichmann, Frieda: "Transference Problems in Schizophrenics," *Psychoanalytic Quarterly* (1939)
- Schilder, Paul: *Introduction to a Psychoanalytic Psychiatry*, Nervous and Mental Disease Monograph Series, No. 50 (1928)
- Reik, Theodor: *Gestandniszwang und Strafbedurfniss* (Wien: Internationale psychoanalytischer Verlag)
- Zilboorg, Gregory: *Mind, Medicine and Man* (New York: Harcourt Brace, 1943)
- Zilboorg, Gregory, and Henry, George W.: *A History of Medical Psychology* (London: George Allen & Unwin Ltd., 1943)

MANIC-DEPRESSIVE PSYCHOSES

I

MENTAL disorders are not static phenomena. They present a series of reactions of constant dynamic flow; in other words, a given mental disease has a beginning, a more or less definite course of development, and an end. The general forms of mental diseases are not static either; they too are apparently subject to a number of changes which can be clearly observed as we study the various forms of mental diseases through the ages; thus the acute hysterical conditions which assumed at times the nature of epidemics in the fifteenth and sixteenth centuries have totally disappeared since. A number of mental illnesses of a few centuries ago underwent considerable modifications before they acquired the present day characteristics of compulsion neurosis or of paranoia. It is therefore very significant that the group of mental disorders known today as manic-depressive psychoses have remained almost totally unchanged since the days of Hippocrates, i.e. for twenty-five centuries. Evidently mentally sick people always showed the tendency to marked deviations of moods and quite frequently reacted in a cyclic manner, i.e. they showed more or less regular alternations of states of exaltation with those of down-heartedness and melancholy. The pathologic "riding on the crest of the wave" has been known for centuries under the name of mania, while the morbid sadness has been described under the name of melancholia, which is now more commonly called depression.

Traditional psychiatry always specialized in the purely objective description of mental disorders. Hence very little was done in the matter of treatment. It has become a matter of psychiatric routine to observe a given case for a longer or shorter period of time, and then make the diagnosis. Once the diagnosis was made, and hospital care instituted, little more was left than to wait and see; for every purely psychiatric diagnosis carried with it a more or less definite prognosis, i.e. the psychiatrist, on the basis of long clinical experience and literary clinical tradition, learned to foretell what was going to happen. A schizophrenia, for instance, tradition claimed, would never recover; it was a chronic disease, and would invariably lead to mental deterioration. On the other

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hand, recurrent depressions, recurrent manias, recurrent cycles of manic and depressive states, were put in the class of acute illnesses, and patients suffering from these states were supposed to reach sooner or later a so-called free interval, which was regarded traditionally but wrongly as a recovery. (When, under the influence of earlier psychoanalytical workers, psychiatrists began to study in detail the mental trends of the patients, a new impetus was given to our increasing understanding of the patient, for the patient's own thoughts and fantasies became matters of primary importance.) Yet, bound by tradition to prognosticate without doing much in the way of treatment, psychiatry, particularly European psychiatry, continued to bow before the inevitable future which in itself had postulated as inevitable.

As is known, before the discovery of the psychoanalytic method of investigation and treatment, psychiatry had to feel satisfied with the simple statement of the fact that the given individual was mentally abnormal. Kraepelin himself, despite his great descriptive genius, or perhaps because of it, stated that the actual content of a patient's thoughts was of no particular importance and that it sufficed to know that the mentation of the sick individual was abnormal. The content of thought was of interest only in so far as it facilitated the making of the diagnosis, and hence the prognosis, too.

Based as it is on a detailed study of the inner psychological structure of a given mental illness, psychoanalysis, from the very outset, became deeply interested in the multiplicity of thoughts, feelings, impulses, fantasies, etc., of its patients, regardless of whether these thoughts, feelings, impulses, or fantasies appeared normal or abnormal, and thus, by means of a special technique, it succeeded in throwing more and more light on the unconscious constellations which are operative in the various clinical manifestations of mental disorders. It should be emphasized that the uncovering of these constellations, i.e. our psychoanalytical research work, is always intimately connected with therapeutic work; in other words, we learn most about our patients while we subject them to psychoanalytical treatment, and the success of the treatment, as a rule, depends a great deal on the depth of understanding which later the patient and the analyst gain in the study (the treatment of a given illness). This does not mean, of course, that we are invariably successful or that we remain in total ignorance about the cases in which we fail. According to Freud's apt remark, our failures frequently teach us even more than our successes.

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As far as manic-depressive psychoses are concerned, psychoanalysis attacked the problem with the usual method of therapeutic experimentation, and while the results of our work are by no means complete, enough has been learned to gain some definite insight into this clinical phenomenon. We owe the bulk of our psychoanalytical knowledge of manic-depressive psychoses primarily to Karl Abraham and Freud, and what follows will present the highlights of their studies.

It was in 1911 that Abraham published his first communication on manic-depressive psychoses; he concluded that communication with the following words: "Although our results at present are incomplete, it is only psychoanalysis that will reveal the hidden structure of this large group of mental diseases. And, moreover, its first therapeutic results in this sphere justify us in the expectation that it may be reserved for psychoanalysis to lead psychiatry out of the impasse of therapeutic nihilism."

II

What are, in brief, the results of the above named investigations?

One of the first things that becomes clear is that when a patient recovers from a manic or depressive attack he is not quite well. To be sure, the patient recovers from the attack in the sense that he is no more morbidly depressed or morbidly elated, but his reactions remain pathological, for during the free interval he shows a number of characteristics which we find in compulsive neurotic individuals. This affinity between the compulsive neurotic and the manic-depressive person, it soon becomes clear, is far reaching; for like the compulsive neurotic the individual suffering from a depression appears to be functioning on what is known on the anal-sadistic level.¹ That is to say that the individual is under constant (unconscious) pressure of strong hostile, destructive impulses, which in the case of depression are directed against the individual himself. To illustrate:

A patient suffering from recurrent depressions laboured, while depressed, under the pressure of suicidal impulses. He felt that life was not worth living and the drive to destroy himself made it impossible to take care of him outside of a hospital. These attacks of suicidal thoughts frequently appeared accompanied by a sudden anxiety and usually in the middle of the night. His depressive states were ushered in, in a characteristic manner: for a short time before, he would complain of "crazy fantasies" which obsessed him: he would imagine himself all-powerful, upsetting the whole machinery of the stock market, and thus ruining his enemies, or he would

¹ B. Lewin's chapter on compulsive neuroses in this book.

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imagine himself rushing into the printing shop, where he occasionally amused himself by setting up print, and strewing the type "all over the place." Gradually he would grow sadder, slower and more self-accusatory—thoughts of suicide would then begin to preoccupy him.

It is not necessary to go into many details of the case, for we want to illustrate but one particular point. It will have been noted that at first the patient's hostile impulses were directed against the outside world and that only gradually these hostile impulses disappeared in order to reappear inverted, as it were, in the form of a suicidal trend. This patient was carefully studied, and some insight was gained into his nocturnal attacks of anxiety; they appeared to be a partial reproduction, or recurrence, of an emotional state known to him since early childhood. He recalled that, when a boy of four or five, he had a recurrent dream in which he held a large knife and cut his mother to pieces; he would wake up in a state of terror not unlike the anxiety and precordial pressure which he experienced in later years when suffering from depression, but in adulthood this anxiety was accompanied not by fantasies of mother-murder; instead, suicidal impulses dominated the mental picture. We shall note in passing that this strong hostility against mother was characteristic of most of Abraham's cases, and that behind this hostility there raged, in our case, as in those of Abraham, a deeper unconscious hostility against his father.

It became clear that one of the most powerful unconscious motives for our patient's suicidal drive was his strong hostility against his mother, which he turned on himself. The natural question arises—how is it that an aggression directed against someone in the outside world turns against the bearer of this aggression, against his own ego? What is the particular psychological mechanism that makes this possible? In order to answer this question we shall have to gain some insight into the general development of what is commonly called conscience. The little child, from birth to the time it begins to be trained, lives a life of total indulgence. There is hardly any satisfaction which is refused it at first. As it grows, its parents, nurses, teachers, etc., begin to guide it. This guidance is not at once, and not willingly, accepted. The young child gradually learns through frustration, deprivation, and inflicted punishment that he must follow the precepts of good social and moral behavior or suffer. At first he follows these precepts not spontaneously but only when observed or watched by those who guide him, then gradually takes over

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the recommendations, orders and demands of the older folk, and begins to demand from himself spontaneously what others whom he at once loved and was afraid of demanded from him. What has happened? It appears that the individual sets up *within himself* an agency to do the same work which the educative, restraining and punitive individuals *outside himself* had been doing before his social and ethical training was completed. In other words, he took over a part of outside reality and transplanted it psychologically into his own personality. Hence he would not say: "Mother will not love me, or father will punish me if I do not tell the truth"; he would instead feel an inner force holding him back whenever he was about to tell an untruth; he would blush—become "ashamed of himself" (not so much before others any more); he would curse himself and call himself disparaging names almost exactly in the same way as his father or teacher had scolded him. In brief, and to put it in technical terms, the individual *introjected* his father, or his mother, or his teacher into his ego. This process of introjection, described by Freud, suggests that the more rigid, primitive, austere, and uncompromising this introjected image is, the more severely will the individual judge himself, and the more dissatisfied will he be with himself. One may say in addition that the unconscious hostility against the father and the mother produces a strong sense of guilt (also unconscious) which adds to the burdening pressure of a cruel conscience (alias *super-ego* formed through *introjection*) and thus creates within the individual a fertile soil for self-criticism and self-condemnation which assume such morbid forms in cases of depression. Bearing this in mind, we shall have to go one step further, for until now we did nothing but describe the *process* of introjection; its nature and mode of operation are not fully explained by this description, for it remains for us to inquire as to the source of the psychic energy which is utilized in the carrying out of introjection. Abraham's studies of depressive cases lead him to believe (and subsequent analyses fully corroborate Abraham's views) that the unconscious of the individual expresses the process of introjection in terms of eating up, biting and swallowing, or, to put it in technical terms, it represents introjection as an oral incorporation. Hence, one concludes that introjection is primarily an oral-libidinous psychic process, and that its energies and impulses are taken from the oral-instinctual drives. We can now easily imagine that individuals with strong oral-sadistic drives will present in a state of depression a sort of

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double psychic attitude charged with psychic pain: inwardly they hurl their sadistic impulses (oral) against those whom they introjected (ate up), i.e. against those whom they once loved as well as hated, while outwardly they try to defend themselves against these oral-sadistic (cannibalistic) impulses and develop as a result a lack of appetite, or entirely refuse to eat. That is the main reason why so many deeply depressed individuals eat so little and even resist taking any food so that the physician is compelled at times to resort to artificial feeding. The pathological defence against one's own oral-sadistic craving may take hold of a person to such an extent that his life may become seriously endangered. Thus:

A woman of 34 who spent over nine months in a state of profound depression, not only refused to eat, but when fed artificially by means of a tube she would regurgitate most of the food. Finally she lost over thirty pounds in weight, and as a result of this weakened physical condition developed a serious illness. This patient, an only daughter and profoundly attached to her widowed aged father, kept constantly accusing herself of a number of crimes she had never committed, and frequently referred to her sinfulness, impurity, and lack of truthfulness—accusations which she was unable to substantiate. These self-reproaches appeared to have been composed of, or generated by, two sets of forces. On one hand, the patient followed the pattern of her very religious and puritan mother (whom she introjected) and was chastising herself as her mother would have chastised her, for her incestuous (unconscious) love, which bound her to her father. On the other hand, it became clear that the patient frequently in her depression accused herself of things of which she at one time (unconsciously) accused her mother. She hated her mother for her alleged bigotry, because while that mother taught the girl that sex was impurity she, the mother, gave her daughter ample proof of her insincerity when at an early age the girl observed parental sexual relationships. Hence the mother was bigoted, dishonest, and improper at the same time. Having introjected her mother, she strikingly enough hurled her hatred against her own self (her mother in herself). Her suicidal ideas were connected with this feature of her unconscious life, and they thus corroborate Freud's contention that every suicide is in part a homicide. This mode of psychological reaction also illustrates and in part corroborates the fact of introjection. Abraham almost invariably found that the self-reproaches of depressed individuals are made up in part of the reproaches once directed by a parent against the depressed person and in part of reproaches which once were directed by the individual, or by others, against the parent.

Mention was made above that the depressed individual labors to a great extent under the pressure of anal-sadistic impulses. We may now supplement the statement by saying that in depressed individuals these impulses cooperate, as it were, very intimately with the oral-sadistic impulses, and thus complete the picture of pathological depression. The reader will find in the previous chapters a general outline of the libido development; it is therefore unnecessary to go here into the detailed description of that stage of the individual's psychological history which is known in psychoanalysis as the anal-sadistic. Suffice it to say that this stage

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is characterized by strong ambivalence and by strivings to mastery and destruction. The first (the drive to master) is expressed in the deeper layers of the unconscious by means of anal-retentive imagery, while on the level of social functioning this drive is expressed in such character traits as collecting, hoarding, stinginess, etc. The destructive impulses are represented in the unconscious by means of anal-expulsive imagery, which in its most primitive form equates the act of defecation with the act of destruction or murder. It is obvious that these very strong and, from the social standpoint, highly unacceptable criminal drives are not only deeply repressed, but when reactivated in the course of a mental illness increase the sense of guilt and the depth of depression. These strong anal-expulsive drives are found in the dream phantasies of our patients. They are as a rule highly disguised at first, but as the analytical treatment reaches sufficient depth their true nature comes out quite clearly. This is true, however, not only of depressed patients who are under psychoanalytical treatment but also of some depressions met with in patients in their forties or fifties. Such patients, as do the majority of depressed patients, frequently suffer from constipation, thus denying symbolically their criminal anal impulses as they attempt to deny their oral-sadistic impulses by refusing to eat. However, there is among them a group of patients which betrays the sadistic anal-impulsive substratum of the psychosis more definitely. These patients eat well and move their bowels regularly, but they complain constantly and incessantly that they cannot eat and that they never ~~move~~ move their bowels. Their life appears to consist of dull, melancholic discontent and self-humiliation accompanied by a constant refrain—the complaint that they do not eat and do not eliminate. They behave as if they are ashamed to be found guilty of these two functions; they try to appear as if they do not eat if some member of the medical staff happens to observe them at the dinner table; they eat stealthily, as if to gratify a forbidden wish, the nature of which, as well as its carrying out, they are determined to conceal. The same may be said about their behavior as regards defecation. They prefer to steal into the toilet unobserved by anyone. When caught unawares by a nurse or physician they quickly flush the toilet as if to conceal the factual evidence of a crime. Some of them insist that they have not moved their bowels for six or eight months! Even when made to view their own excreta as a proof that their bowels did move some of them even then make an attempt to deny that they did it or they say, as if

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apologizing, that "it is only a little bit." They seem to feel that it is their (unconscious) duty to deny the act of defecation (murder); they constantly complain of being "filled up" instead of empty and incessantly demand cathartics as if to say: "I shall move the bowels (a destructive act) only if you give me a laxative (permission); else I do not want to assume official responsibility for the act."

So much for the general consideration of the libidinous level at which depressive psychoses function, and of some of the unconscious mechanisms involved. It would lead us too far afield if we were to consider in greater detail the mechanisms involved, or the various unconscious psychological constellations which enter into the formation of a depression. It will suffice for the purpose of this review if we set down the following:

The intensity of the depressive feeling (affect) at times reaches such a high degree that impulsive self-destruction is not rare. While the depressive forces are in operation, the individual appears to seek in vain a way out of the constant inner battle. This psychosis is not only an expression of this battle, but also a morbid compromise between the inability to accept reality and the attempt to establish contact with it. Why are these individuals unable to establish a satisfactory working contact with reality? Psychoanalysis is at the present time able to give at least a partial answer to this question. Analyses of depressions disclosed that the life histories of depressed patients have certain general characteristic traits which according to Abraham could be summarized as follows:

Constitution appears to play a minor role, if any at all. In other words manic-depressive psychoses do not appear to be inherited. On the other hand, people with a strong oral and a strong anal constitution are exposed to the danger of developing manic-depressive psychoses if these infantile erotic impulses are unduly intensified in childhood by injudicious upbringing or by unfavorable circumstances; thus, too strong catering to the child's wishes on the levels indicated followed by the disappointment of the child (such as sudden withdrawal of gratification after an unusually prolonged or intense period of over-indulgence). This theme of repeated disappointments in love is ever present and ever important in the analyses of depressions. It is the type of disappointment that stimulates in the child, as yet too immature to cope with things, a mass of hostile impulses which find no outlet, and at the same time leaves him with no object to attach his love to. I say no object, because what appears to be characteristic of

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depressive individuals is that their first important disappointment in love usually takes place before the Oedipus complex is satisfactorily resolved, i.e. before the age of five or six, before they have learned (intra-psychically) to overcome the various impulses connected with the Oedipus drama. If these, or similar, disappointments are repeated in the course of the individual's life, we may consider that a good foundation was laid for the development of a depressive psychosis.

We must recall now, that both the oral and anal levels and their modes of psychological functioning belong to the earlier periods of the child's life. An individual who failed to outgrow these instinctual phases is unable to function in an adult manner. Such an individual failed to achieve that level of psychological growth which makes it possible for one to love in a giving and sharing fashion. In other words, he failed to reach what is called in psychoanalysis the *genital level*. Only at that level is a man capable of being a father (in the psychological sense), and a woman of being a mother. Individuals who failed to reach this level may show outwardly no gross signs of abnormality; they may marry, have children, appear to be moderately normal social human beings, but inwardly (unconsciously), it is difficult for them to muster up much energy to love others. They are afraid of being adults, parents—and sooner or later they succumb to the inner conflicts which lead them into a mental illness. The whole process will be more easily understood if we bear in mind that the oral and anal levels of functioning correspond to a psychological state in which the growing individual is libidinally self-sufficient, self-contained, as it were. He requires little, if anything, from the outside world in order to gratify his wishes. To be sure, he needs his mother's breast in order to be fed, but he is still in that state of psychological infancy in which he is unable to differentiate his mother's breast from his own body. More than that, even if he senses that the breast is something apart from his body his whole attitude towards it is a proprietary, demanding one. His wants are impetuous and he demands their gratification in a direct, primitive manner, which tolerates no compromise. His own immediate and total gratification, regardless of the demands of reality, is the supreme law and principle of his primitive life. This psychological, libidinous attitude towards life and its realities is supremely egotistic and is technically known as *narcissistic*. That is the reason why the manic-depressive psychoses became known in the psychoanalytical literature as *narcissistic neuroses*,

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i.e. neuroses which show comparatively loose or fragile bonds with reality. To put it in technical terms, the object-relationship of such an individual is not sufficiently adult. This is a very important point, for it enables us to understand the psychological difference between a person who mourns a loved one and a person who is in a state of psychotic depression. The mourner is sad, detached from life and uninterested in everyday things because he *actually* lost a love-object on whom he spent heretofore a great deal of adult libidinous energy (love). With the passing of the love-object, the mourner finds that libidinous energy unattached and, to use the expression of Freud, his ego becomes impoverished. One may inquire: how it is that an individual whose ego is capable of loving and who suddenly finds a quantity of love energy unattached, should feel impoverished, since the love capacity itself does not disappear with the passing of the love object? One will understand this apparent paradox if one imagines a rich man who suddenly finds himself with a great deal of money in a desert. He could buy all he would and needed if only there were food to buy. His riches help him little in the desert, and he feels much poorer than the primitive inhabitant of the desert who needs little and cares not for monetary riches. At the sudden shock of losing his love-object the mourner finds himself in a psychological desert. He then withdraws his libido into his own self; he too incorporates the lost object into himself and mourns (loves) that object within himself. In other words he too, like a morbidly depressed individual, finds himself in a narcissistic stage, but he can linger at this stage only a more or less short while, because having reached adulthood, he cannot help returning sooner or later to adulthood, i.e. to an object libidinous life. He returns to it after "the work of mourning" (Freud) is completed. This return is marked by a revival interest in realities, i.e. by the establishment of new object libidinous relationships.

It is easy to see that the psychological processes described differ considerably from those observed in depressive psychoses. Only the most important and the most telling difference will be pointed out. The mourner suffers an *actual loss*, the depressed patient could not *actually* lose the object, since he never reached the level of object relationship. The loss which the depressive patient experiences is not real; it is more a fancied loss, a symbolic, primitive recapitulation of a narcissistic loss, lived out externally in an adult setting, but internally in a primitive atmosphere of infantile, narcissistic ambivalences.

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One is struck time and again with the singular archaic quality of the inner reactions of manic-depressive patients and, as a matter of fact, only the study of some of the reactions, rites and ceremonials of primitive races throws a more definite light on the other phase of manic-depressive psychoses, namely the manic.

III

A patient in a manic attack presents a very typical picture. He is unusually cheerful, extremely free in speech and action; he lives as if under a gigantic pressure of physical and mental activity. He hardly has time to dwell for a minute on any one thing. No sooner does he capture (show interest in) one thing, than he jumps to another; he is distractable, verbose, flighty, volatile. Nothing disturbs his glorious sense of well-being. Nothing seems to tire him, embarrass him. He is unusually frank and open, strikingly unconventional in speech and manner—no matter how formal and strait-laced his upbringing, and no matter how inhibited he might have been before the manic attack. He seems to live in a constant, *orgiastic state of celebrating the glory of all his impulses*. The whole mass of his instinctual impulses (id) seems to have broken through the barrage of conventional conscience (super-ego), and to have dismantled the apparatus which tests and deals with the realities of life (ego). One might say that the individual in a manic attack presents almost nothing else but a bundle of happily sparkling primitive instinctual drives.

It is clear the patients while in this phase cannot be psycho-analysed. All the analyst can do with such patients is observe them and listen to them, carefully taking note of all they say, for the psychological material which they yield is of utmost importance. Only later on when they enter a free interval and can be treated analytically, does it become possible to influence them psychotherapeutically. Our knowledge of the deeper structure of manic attacks is as yet quite incomplete. Many patients, while under analysis, go through milder forms of manic attack (so called hypomanias), and thus offer the opportunity for closer and deeper study. Thus far, however, the deeper and more direct etiology of these states remains obscure. Yet it appears that on the basis of many ethnological studies, particularly on those made by Róheim, we have an adequate descriptive explanation of the dynamics of a manic attack. We must remember that what is true of the general biological evolution of man is also true of his psychological evolu-

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tion. The adult individual carries with him not only his personal life experience (ontogeny) but also the experiences of the race as a whole (philogeny). That is the reason why a number of our psychic activities, normal and abnormal, are so frequently reminiscent of primitive customs and primitive mode of thinking—as, for instance, our dreams, which are constructed on a pattern of primitive hallucinatory wish-fulfillment thinking. When one studies a manic patient one is struck by the wealth of his oral imagery and behavior. It is true, a manic may eat very little actual food and become undernourished, because he is so busy “taking in” (swallowing) everything around him that he has no time to stop long enough to eat a plate of soup. He would rather splash that soup all over him, but his imagery, the general trend of his thought, is oral-incorporating as well as anal-expulsive in nature. In this respect he differs not at all from the depressed patient. He differs, however, from him in that he seems to glory in his bio-psychological (or intra-psychic) oral-incorporation and anal-expulsion. Unlike the depressed patient, who defends himself against these impulses by not eating and by constipation, by self-reproaches and self-torture, the manic patient accepts his impulses as something infinitely pleasurable, almost ecstatic, so that he abandons almost all his actual contacts with realities. He behaves as if repeating in a setting of psychotic fantasy, an archaic ceremonial which can still be observed among some primitive people of today, and “normal” atavistic remnants of which can be found in the meal and feast which follow the funeral among some of the civilized races of today. After the death and burial of the father (or a relative), the primitive tribe often forgather, kill the totem animal of the dead man, and gorge themselves on it in an atmosphere of an ecstatic feast. This celebration, presenting as it does a very archaic form of mourning, is quite definitely an *oral* feast, as if the dead person (his totem) becomes orally re-incorporated into the tribe. One may add that some primitive people indulge at times also in an anal ceremonial; they defecate on the grave of the dead man, as if they supplement the fact of death with the symbolic act of anal murder, which in this form is acceptable to their tribal conscience.

These observations and studies led the students of psychoanalysis to certain conclusions which can be in part summarized as follows: “We see that the manic patient has thrown off the yoke of his super-ego, which now no longer takes up a critical attitude towards the ego, but has become merged in it.” (Freud: in *Group Psy-*

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chology.) And, to quote Abraham: "At the Psychoanalytical Congress in 1922, at which I put forward my views, Róheim also read his paper ('Nach dem Tode des Urvaters') on primitive mourning ceremonies, in which he showed conclusively that in primitive man the period of mourning is followed by an outbreak of the libido, which is brought to an end by yet another symbolic killing and eating of the dead person, this time performed with evident and undisguised pleasure—is ended, in other words, by a repetition of the Oedipus act (murder of the father). Now the manic phase which follows upon pathological mourning (depression) contains the same impulse once more to incorporate and to expel the love object, in the same way as Róheim has shown to be the case in primitive mourning rites. So that the increase in libidinal activities which set in at the end of normal mourning, as described above, shows like a faint replica of archaic mourning customs."¹

These formulations, while offering a profound insight into psycho-pathological states which heretofore presented nothing but a riddle to the academic psychiatrist, cannot be called final. Too, the therapeutic results achieved by psychoanalysis in manic-depressive cases while by no means meagre are yet not quite sufficient for us to be certain that we have reached the complete solution of the problem.

One may say in conclusion that, as psychoanalytical investigations in the fields of therapy and ethnology continue, we may expect an increasingly deeper understanding of the cyclic depressive and manic states. On the basis of my clinical experience I am under the definite impression that manic-depressive psychoses, despite their age-long existence do not actually represent a separate clinical entity, but that they are a pure culture, as it were, of that cyclic rhythm which is easily observed in hysterias, compulsive neuroses, and even in the various forms of schizophrenia; hence the secret of the illness appears to lie in the deeper psychological structure of the reactions, rather than in its repetitiveness or cyclic character. It is not impossible that these alternations of mania and melancholia are but an extreme expression of a number of mental illnesses, which, in the past, people failed to recognize early enough, and at present, bound by an old tradition, are not yet always able to recognize.

¹ Karl Abraham: *Collected Papers*, p. 473.

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MENTAL disorders do not come "out of the blue"; they have origin and evolution; they follow laws of development and they have their reasons for appearing as they do just as organic illnesses follow a given course of development.

The mental deviation, known as schizophrenia, is an outgrowth of a special set of personality traits that is called schizoidism, which is but a name used to designate that type of person who lives essentially within himself, who shuns reality for reverie. He is an introvert, loosely connected with the members of his family and affiliated intellectually, if at all, with extra-familial activities. He is emotionally selfish, or, as we say, preeminently narcissistic, self-loving. He cannot abandon the center of the infantile stage in favor of later, integrated behavior.

Until we know differently, it is perhaps desirable to believe that there are certain basic character organizations that constitute the framework upon which patterns of living are erected. These fundamental character outlines appear at birth and it is not improbable that they stem from what are commonly called hereditary elements.

The original structure of the personality helps to determine whether the energies of the individual are to be essentially confined within himself, as in introversion, or principally directed outwardly, as in extraversion. But, there are two other major components, so to speak, that are destined to give shape and function to the final organization of the personality. One of the components is racial in origin. Every human being "inherits" ways of living that are the composite of age-old habits, ways of living that have been repeated by human beings for centuries and centuries. We have within ourselves an ethnological psychology, so to say, or, as Dewey put it, "native human nature supplies the raw materials but custom furnishes the machinery and the designs." Ethnology provides the racial experiences that act upon "the basic character organization." Finally, personal experiences give a particular cast to personality organization.

Of the three units—ethnological psychology, physical constitution, and ontogenetic experiences—it is a current belief that the first two play a more decisive role in the production of schizo-

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phrenia than the third does. This is not to say, however, that the three units are not modifiable. Indeed, it is reasonable to assume that the conditions giving rise to schizophrenia are often alterable in favor of the patient.

Schizophrenia is a form of faulty adaptation, faulty in the sense that the patient cannot relinquish the habits of early childhood. While he is in the family he can live out his rich phantasy life without encountering much opposition from the family. Indeed, too frequently the "creative imagination" of the child is regarded as an asset and as such it is fostered by the parents. Here, they think, is a most gifted child, one who can concentrate long upon a given object, one who can bend the environment to his will and do so without word or fuss. He is not distracted as the other children are; he does not skip from topic to topic. And he never disturbs others; he never starts a fight and he retires to quietness when he senses an impending disorder.

His pattern of living is to animate, to personalize the inanimate world about him. He invests his feelings in things, not in people, save his parents, or perhaps, a brother or sister. In his infancy he is all-powerful in the manipulation of his little world. He controls all about him through the simple expediency of wishing. This is the pattern laid down in the pre-school years; but it is the pattern that he cannot wholly shake off, when during the school years, his environment demands action among people.

People are his handicap. He never learns how to maneuver his way through and with them. He cannot identify his interests with others in order to facilitate his growth toward independent adulthood. He may, usually does, handle matters of scholarship with ease, so long as scholarship does not call for an emotional tie-up with others.

In early childhood he usually does not play with others. He simply withdraws from competition. In later childhood he is not a member of a group in games. There is no competitive spirit about him; he is not to be found in competitive sports.

But, the laws of nature are inexorable. This schizoid individual is instinctually driven in the direction of people, though he never gets to them in a natural, harmonizing way. Nature contests with nurture, so to speak. Nature insists that her impulses get some sort of recognition, finally presenting her case so strongly that response is inevitable. The way of living, called schizophrenia, is the compromise; it satisfies the instincts, the environment and the subject.

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Mental disorders are purposeful. The asocial individual who cannot create friends in reality can be on intimate speaking terms with the cosmos in phantasy. The intimate friendship is as widespread among the inanimate as it is among the animate world. The schizoid, becoming schizophrenic, does with the whole world what he did in infancy, namely, he controls all with a wish. Nature gains her point in making him gregarious. In the terminal stages of full-blown schizophrenia the phantasy, now known as a delusion, of cosmic identification is wholly developed.

The shy person, who has intense feelings of inferiority, achieves omnipotence through schizophrenia. Nature offers in extravagance what nurture cannot offer at all, the Messiahship, the Christhood. Schizoid smallness is replaced by schizophrenic largeness; schizoid weakness is replaced by schizophrenic strength; finiteness by infinity; limited knowledge by omniscience.

Among the great awards that lure the schizoid individual into schizophrenia is unlimited sexuality. As a schizoid he is his own sexual object, though for a time he may direct his sexual interests to one or both parents. It is in schizophrenia that the Oedipus complex, with its many variations, appears in bold relief. However, more often than not, the schizophrenic way of living passes from the parents to the world at large, while at the same time the individual remains an entity. He is the cosmos; the cosmos is he. There is no distinction between the I and the not-I. In this primitive mode of adaptation the schizophrenic is both male and female; like some lower forms of plant life he reproduces by parthenogenesis. He populates the world thereby. The sexual instinct also extends to infinity.

This all-too-brief method of presenting schizophrenia as a way of living is designed to take schizophrenia out of the category of diseases, as we commonly understand them. But, this way of looking upon schizophrenia does not at all preclude the possibility, nay, the probability, that the "clinical" state may be engendered by anomalous tissue structure and function. We do not know.

I would prefer not to acquaint the general reader with the psychopathology of schizophrenia, but to stress the psychopathology of schizoidism. I would take this stand for therapeutic purposes. The average schizoid individual can be trained to direct his energies upon his environment. He can be taught that reality is not near as harsh and forbidding as he conceives it to be. He can be taught that he is taking the easiest, though a most unfortunate, way of living. He just does not know from experience. I have seen a

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few schizoids who wanted to be that way, but I have seen many more who did not. In a word, treatment consists of socializing the individual, of attaching the emotions to wholesome environmental interests. And treatment starts at home, preferably before puberty, or, at least, before the schizoid subject has been tempted to move over into the schizophrenic realm.

Schizophrenia is, as a rule, a very slowly growing state of existence. It is not a way of living that is abruptly put at the disposal of the individual. One gets there by evolution, not revolution. Then, too, it should be known that the schizoid person may not accept all that schizophrenia offers; he may traverse the abnormal realm for a very short or a very long distance, so to say. Furthermore, he may inspect the realm in part or in toto and then "decide" that he wants no part of it, tempting as it may appear. We are inspired to treat the schizoid because we know that generally he does not prefer the world of phantasy to the world of reality.

For purposes of classification four subdivisions of schizophrenia are recognized. I would prefer to say that three realms of schizophrenia exist.

In the simplest realm, aptly termed simple schizophrenia, the requirements are few and easy. I mean the symptoms are few, namely: more or less complete indifference to reality and mental and physical inertia. Even the wish life is barely discernible. Instinctual drives scarcely appear and are of little force. Simple schizophrenia is Nirvana in its original meaning, "going out, extinction."

It appears, however, that other schizoids enter schizophrenia with strong instinctual urges. They require a different type of government. The hebephrenic and catatonic patients accept the most primitive form of adaptation, namely, that derived from the deepest layers of the unconscious, from the phylogenetic level. They are primitives, obedient to the law of Storch in that they regress from reasoning, differentiation and abstraction to feeling, concreteness and perception. White called it a state of "functional decerebration" and referred to "a dropping back to the use of a simpler type of machine for handling reality."

The fourth realm, type, if you will, is one in which homosexuality is the central theme, though narcissism is also given much consideration. There are schizoid individuals who grow up to a little higher level than their schizoid colleagues. They get up to and partly into association with members of their own gender. But, their adaptation at this level is insecure. If this type of individual develops a psychosis, it will appear in the realm of homo-

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sexuality with delusions and hallucinations of homosexuality in the foreground.

It is our intention not to present static, clinical symptoms of so-called schizophrenia, for schizophrenia is not a disease. It is a name referring to a state of living, of thinking, feeling and acting. It is an asocial type of existence. It is this point of view that we would stress.

Although the clinical syndrome known as paranoia is not classified with schizophrenia, I believe that a study of it helps to clarify the struggle that certain individuals experience in their efforts to "choose" between reality and phantasy.

PARANOIA may not be a rare condition; it probably is not. However, it seems that paranoiac patients are seen quite infrequently by physicians, at least for therapeutic purposes. There are several reasons to account for this relative absence from the physician's office of patients with paranoia. In the first place, the symptoms do not give rise to a marked disturbance on the part of the patient. They may curtail his general activities for a brief period, but even at that he is anxious to solve them himself. He does not look upon them as symptoms; they are regarded as indignities and iniquities which serve to frustrate certain alleged legitimate purposes that he has in mind. Any therapeutic attitude that a physician might present is necessarily identified with the side of persecution, and because of this it is rejected. What the physician records as symptoms of a more deep-seated lying conflict in the patient, the patient himself relates as a conflict between his conscious wishes and reality. Furthermore, it appears that the clinical syndrome ordinarily does not give rise to the performance of antisocial conduct that requires immediate care by the physicians. They do indeed encounter difficulties with the environment, but these are usually of a legal character and, moreover, are often presented to the legal profession in a clever, orderly, and apparently logical manner. It would seem that the most favorable setting in which to study the clear-cut cases of paranoia is the lawyer's office, not the physician's. "The law is the tool with which these individuals work, and the courts their battle ground." (Glueck). It also seems not improbable that a number of paranoiac individuals achieve amelioration or gratification of their symptoms through the medium of legal procedures. It should be remembered also that many of the clinical syndromes that go by the name "paranoia"

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are of short duration and are relatively mild. Perhaps they do not pass unnoticed except by the physician who is seldom called into consultation. The members of a household are aware of the vigorous claims put forth by these patients.

Not so long ago I was inadvertently an onlooker to a paranoiac setting. The patient—one almost hesitates to call these people patients, although in the final analysis the term is aptly applied—the patient was a man of high professional calibre; he continued his interests uninterruptedly throughout the period of his illness, that is, for three or four months. Only the immediate members of his family and one person outside of the family (not to mention the writer) knew that the patient was experiencing a mental illness. He exhibited a well-organized delusional trend of persecution, based upon the notion that a man who was well liked by the patient was sexually interested in his wife. Delusions of reference were prominent. During the episode the patient was sexually impotent to his wife, but his comments about the alleged paramour were strongly charged with sexual references. The delusions of jealousy did not spread psychologically or spatially, but remained fixed to their original connotation. There was considerable emotional lability and there was some difficulty in ruling out an affective psychosis, particularly of the manic-depressive order.

Another patient seen a short time ago also showed a restricted paranoiac trend, but the duration was much longer. A married man with two children had throughout married life found more interests in men than he had in women. Finally the homo-erotic components were activated by the undue outlet that he gained through a son and he became impotent toward his wife. He attempted to reunite his interests in women through alliance with a young woman, who, it was found, reanimated one of the earliest images that he had built up around his mother. The incestuous barrier was more or less promptly put into action and when reality was finally closed to him he sought an outlet through the paranoiac system. On the surface it appeared that he had an especial hatred toward the mother-*imago*, and projected his wishes upon her, claiming that she was free with men, that she was not the virgin he had thought she was. At the same time he managed to identify himself directly with men, and took up their cause against scheming and nefarious women. It was soon seen, however, that he was basically involved with men. He had a significant ambivalent attitude. On the one hand, his purpose was to protect men against immorality (his own wish for immorality having been projected

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upon the mother-*imago*). On the other hand, he exercised himself energetically with the thought that men were trying to get something from him—they were trying to steal an invention that had to do with power and with greater efficiency.

The delusions in both these cases never developed beyond those mentioned; furthermore, both patients explained their delusions with a wealthy reference to real, actual occurrences, so that it was necessary to trace down the real experiences in order to determine the false premises upon which they had been constructed. In neither instance was there anything in the clinical syndrome to warrant the opinion of deterioration. There are still others who persist for years in putting forth their systematized litigious tendencies. I have one case in mind, that of a man now in his sixties, who, for the past thirty-five years, has maintained a uniform and static delusional trend that has to do principally with alleged efforts to deprive him of powerful interests in an estate. Again the question of deprivation of power forms the nucleus of his interests, but he has gained some gratification in the invention of an article that serves the purpose of restoring vigor to him.

From the standpoint of descriptive psychiatry there are several significant points of interest. In the first place the symptomatology is often very subtle and stealthy. For a considerable period of time the nature of the disorder may be almost totally obscured because of the subliminal character of the complaints. Individuals who are later to be declared as paranoiacs surround the original cause of their troubles (which it seems revolves around homosexuality and its ramifications) with real data. Nevertheless, they are described as eccentric or odd because of the undue stress that they place upon an issue. They are obstinate in the pursuit of their claims and fail to relinquish them even after a series of reversals in court. Indeed, it is often after they have met with defeat that one becomes more convinced that these individuals are odd, for then they put forth greater efforts to substantiate their alleged (and unconscious) needs.

In the second place, the duration of the psychic disorder is extremely variable. It may last but a few weeks or it may continue throughout the rest of the life of the individual. The clinical syndrome may be periodic, that is, a patient may have a series of attacks."

In earlier writings attention was called to the original personality basis which seems to form the matrix for this disorder. Selfishness, obstinacy, exalted self-opinion, and the tendency to project

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one's troubles onto others were observed. Indeed it was noticed that these traits represent the earliest stages of more pronounced paranoid reactions, such as might be observed in dementia praecox or schizophrenia. In brief, there is a withdrawal of natural interests from reality and a replacement of delusional contents representative principally of homo-eroticism upon the environment.

The dynamic relationships in paranoia began with the observations of Freud on the Schreber case (*Memoirs of a Neurotic*). It is true that in 1896, in *The Defence Neuro-psychoses*, he laid the foundation for his later conceptions regarding the psychoses, but the real stimulus for a more or less complete survey issued from the study of the Schreber case in 1911. Even as far back as 1896, however, Freud referred to the defence that the paranoiac erects against the intrusion into consciousness of homosexual inclinations. In 1906 Jung's masterful treatment of *The Psychology of Dementia Praecox* appeared, and helped to pave the way for further observations. Following this, Abraham still further elaborated upon psychoanalytic views in the psychoses.

Freud claimed that the precipitating cause of the paranoid illness was due to a breaking through into consciousness of homosexual libido, and the symptomatology represented a result of the struggles with the homosexual components. In his efforts to solve the conflict, Schreber identified himself with God; he had previously formed an identification with his physician. Schreber had the delusion that his body was transformed into that of a woman, and that by this femaleness he was to generate a new race of men with God as the father. He had previously developed a paranoid trend against his physician to the effect that the latter was sexually abusing him (Schreber). Freud offered the explanation that those who are regarded as persecutors are those who previously had been held in close esteem by the patient. The patient had loved them. But, as is characteristic of paranoiacs, the love is not permitted expression by the patient in a direct manner; on the contrary, the projection mechanism is employed and the paranoiac is given the responsibility of allegedly making subtle advances to the physician. The latter unconsciously rejects the supposed homosexual advances, so that the unconscious now says, "I hate him." Again, these internal perceptions and feelings are replaced by external ones, with the result that to the patient it is not the unconscious that claims, "I hate him," but the one who was formerly loved. That is, the formula then reads, "He hates me." It is as if the man who is at

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first loved, then hated, were nothing more psychologically than a mirror reproduction of the patient's unconscious. One might say that the patient first loved his unconscious homosexuality in the form of the external and loved man, and that he subsequently rejected it and its symbolic representation, which now becomes the persecutor. The patient fails to understand that his unconscious homosexuality bothers and persecutes him; rather through projection he feels that the persecution comes from the man upon whom he has placed the homosexual components.

The patient, Schreber, considered himself a woman and prostituted himself with God. In this union he generated a new and powerful race and the ego was thus gratified. Freud goes on to show the great importance to Schreber of the father-complex and how it was resolved by emasculation induced by the castration threat.

The Schreber case is not characteristically one of paranoia, but what has been given helps to make the mechanisms of that clinical entity clear.

In paranoia the homosexual issue is ordinarily carefully and shrewdly obscured. The homosexual wish-fantasy in the unconscious is rejected; nevertheless, it reaches reality in sublimated form. However, the libidinous investment in unconscious homosexuality progressively becomes stronger and stronger, until finally it can no longer be satisfied by socialized activities, whereupon the antagonisms are finally projected, and the phenomena of paranoia ensue.

Freud was able to show that in the development of the libido there is a stage called narcissism. Before the development of this narcissistic stage the libido is largely of an auto-erotic character. In narcissism there is a unification of sexual instincts that is constructed in order to enable the individual to lead over into object-love. The first object of love is the person himself; moreover, he manifests his love to a large extent in interests in his genitals. The genitals are heavily charged with libido. There then occurs an externalization of libido upon a new love-object, upon someone outside of himself and the easiest path to follow is to choose an object that is like himself. The selection is commonly determined by sexuality and the individual likes someone who is like himself sexually. This comprises homosexual object-choice. When the person later goes over into heterosexuality the homosexual components are not lost, but they appear in reality in socialized form (club life and other types of organizations for one sex only or principally).

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The paranoiac does not achieve the level of wholesome heterosexuality. The libido becomes fixed to the narcissistic stage of expression. He is able, however, to externalize a certain share of the libido in sublimated form, though commonly the disguise is thinly veiled. The socialization of the homosexual elements is insecure and may disintegrate upon relatively slight provocation. When for some reason (the reason is usually a frustration with respect to heterosexuality, though not infrequently it may be accounted for as a result of intensification of homosexual libido)—when for some reason the homosexual libido can not be gratified by sublimations, the individual is compelled to sexualize his social contacts. But he puts up a vigorous protest to such a means of expressing his sexuality and the mechanisms outlined previously ("I love him," "I hate him," etc.) come into prominence. All of this means that the individual's libidinous evolution is largely centred in the stages of auto-eroticism, narcissism, and homosexuality.

Freud did not feel, however, that the repressed homosexual tendency, though a constant factor in paranoia, was the outstanding feature. The mechanism of projection is the distinguishing feature. The paranoiac rejects (represses) the internal perception (in this instance, homosexuality), and the latter, having suffered distortion as a compromise for reappearance in consciousness, appears in the form of an external perception. The homosexuality is projected. Freud felt that there were three phases to the process of repression. In the first place the question of *fixation* is uppermost. This means that an instinct or an instinctual component does not go on to adult development, but remains infantile. As other psychological structures go on to maturity the component referred to acts as if it had been relegated to the unconscious through repression. The instinctual fixations form the basis of later neuroses. In the second stage *repression* proper plays a significant rôle, and is brought about by the action of the super-ego. That is to say that in the second phase the instinctual component is *actively* put into the sphere of the unconscious. Fixation does not imply such activity, but supposes that the instinctual component stands *passively*. The third stage is represented by the *return of the repressed* to activity. The repressing forces have stirred it into activity. When the repressed instinctual component becomes enlivened, a goodly share of libido is assembled at the *fixation* point, and the conflict is on its way.

By and large it might be stated that little new has been added to Freud's original opinions, other than substantiation of his views.

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Brill (1911) was among the first to introduce Freud's notions on paranoia to American psychiatrists. Other confirmations have come from Ferenczi, Bjerre, Maeder, Grebelskaja, Hitschmann, and several others. Ferenczi said that homosexuality played the most important rôle in the pathogenesis of paranoia and added that perhaps paranoia in general is nothing else than *distorted homosexuality*. He concluded that "the essential process in paranoia is a reinvestment of the homosexual objects of desire with unsublimated libido which the ego guards against by means of the projection mechanism. Maeder reported two cases of dementia praecox *in extenso*; the analyses are among the most complete treatises on the problem of paranoid reactions and should be read by all interested in the evolution of the paranoid syndrome, quite apart from the nosological classification to which a given case may belong.

Most of the contributions on paranoia have stressed either the descriptive or the dynamic aspects, but have not had much to say about treatment. One of the earliest records of a treatment attitude came from August Hoch in 1907. He spoke of complexes that the individual can not handle successfully, that the complexes which are presumably out of the field of awareness may break into consciousness under stressful situations. The patient cannot adequately adjust himself to the conscious complexes and proceeds to project his difficulties. Hoch recommended a thorough review with the patient of his "habit patterns," with the object of giving the patient an insight into the nature of the disorder. He felt that much could be done for the patient if treatment were instituted before the complexes broke through.

The medical treatment of paranoia is difficult. The physician can see more or less clearly that the bulk of evidence comes from the sphere of homosexuality and narcissism; that there are still more complex components is also obvious; indeed, Ferenczi, Abraham and others have contributed clinical material showing the great significance of anal eroticism in the psycho-genesis of paranoia. However, the patient himself ordinarily cannot be given the insight that the physician possesses. As yet there is no method by which the original difficulties of the patient may be adequately resolved; at least, the classical form of psychoanalysis often cannot be pressed into service. It is too dangerous, because the patient promptly projects his difficulties upon the physician; too often the latter's life is at stake. Any form of investigation into the meaning of the patient's problems is apt to be met with vigorous resistance. Ordinarily there are no compromises suitable to the patient insofar

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as a medical approach is concerned. One should not attempt to dissolve the symbolic features by analysis. A certain few instances seem to contradict this extreme caution. Bjerre and Hoch recommended a particularly tactful and careful investigation, and felt that some good was accomplished thereby.

Perhaps as knowledge grows, the dread of treating this type of clinical disorder may be dissipated.

It appears that patients who have hitherto been rejected as unsuitable for therapy may respond when they are better understood. Perhaps the difficulty is ours, not theirs; perhaps we exercise a little projection ourselves, not of course to our disadvantage, because after all a paranoiac patient is still a potential danger to the physician who attempts treatment. Obviously, as far as our information now extends, the treatment of paranoia is strictly a matter for the highly trained physician and at that there are very few who have the temerity to approach a patient even from a protected periphery.

It seems probable, however, that in the periodic forms of paranoia some favourable influences might be accomplished if the patients can be treated in the intervals between attacks, just as is often the case with the application of psycho-therapeutic measures in the intervals between manic-depressive and schizophrenic episodes. It does not appear improbable that when our technique is better developed paranoia may be included in the group of disorders that are amenable to psycho-therapy, especially to psychoanalysis. •

BIBLIOGRAPHY

- Bjerre, P.: "Zur Radikalbehandlung der chronischen Paranoia," *Jahrbuch für psychoanalytische Forschungen* (1911)
- Brill, A. A.: "Psychological Mechanisms of Paranoia," *New York Medical Journal*, XCIV (1910)
- Feigenbaum, D.: "Paranoia und Magie," *Internationale Zeitschrift für Psychoanalyse*, XVI (1930)
- Ferenczi, Sándor: "Einige klinische Beobachtungen bei der Paranoia und Paraphrenie," *Internationale Zeitschrift für aertz. Psychoanalyse* (1914)
- "Über die Rolle der Homosexualität in der Pathogenese der Paranoia," *Jahrbuch für psychoanalytische Forschungen* (1911)
- Freud, Sigmund: "A Case of Paranoia Running Counter to the Psychoanalytical Theory of the Disease," *Collected Papers*, II
- Gierlich, N., and Friedman, M.: *Studies in Paranoia*, trans. Jelliffe. (New York: Nervous and Mental Disease Publishing Co., 1908)
- Glueck, Bernard: *Studies in Forensic Psychiatry* (Boston: Little, Brown & Co., 1916)
- "The Forensic Phase of Litigious Paranoia," *Journal of the American Institute of Criminology*, V (1914-1915)

PSYCHOANALYSIS TODAY

- Grebelskaja, S.: "Psychologische Analyse eines Paranoiden," *Jahrbuch für psychoanalytische Forschungen*, IV (1912)
- Hitschmann, E.: "Paranoia, Homosexualität und Analerotik," *Internationale Zeitschrift für aertz. Psychoanalyse*, I (1913)
- Hoch, A.: *The Psychogenic Factors in Some Paranoic Conditions, with Suggestions for Prophylaxis and Treatment* (Nervous and Mental Disease Publishing Co., 1907)
- Isham, M.: "Some Mechanisms of Paraphrenia," *American Journal of Insanity*, LXXVII (1920-1921)
- Jung, Carl: *Über die Psychologie der Dementia Praecox* (Halle: Karl Marhold, 1907)
- Maeder, A.: "Psychologische Untersuchungen an Dementia Praecox," *Jahrbuch für psychoanalytische Forschungen* (1910)
- Payne, C.: "Some Freudian Contributions to the Paranoia Problem," *Psychoanalytic Review*, I (1914)
- Rickman, J.: *The Development of the Psychoanalytical Theory of the Psychoses* (London: Baillière, Tindall, and Cox, 1928).
- Shockley, F.: "The Role of Homosexuality in the Genesis of Paranoid Conditions," *Psychoanalytic Review*, I (1914)

ORGANIC PSYCHOSES

THE fact that psychoanalytic investigation has been applied systematically to organic psychoses only for a few years, and in restricted measure, will cause but little astonishment. The psychoanalytic method owes its origin to the observation and treatment of the psychoneuroses (conversion hysteria, anxiety hysteria, compulsion neurosis) and its therapeutic effect depends on the psychogenetic nature of the symptoms. At first sight but little result can be expected from its application to symptoms which undoubtedly arise in connection with more or less demonstrable lesions of the central nervous system. However, among psychoanalysts, Freud himself was the first to draw attention to the fact that the form of even such exquisitely organic symptoms as aphatic symptoms was also moulded by psychologic emotional factors. As a matter of fact this statement by Freud immediately threw full light on the justifiability of the attempts which have been, and are being undertaken to determine to what extent certain symptoms of the organic psychoses seem to be caused by the same mechanisms, and follow the same rules which psychoanalysis has been able to discover in the pathogenesis of the so-called functional neuroses and psychoses. It goes without saying that the cause itself—the organic trouble—must never be lost sight of. This recognition, however, does not in the least impair another one, viz. that the knowledge of the anatomic lesions is quite insufficient for an explanation of the content of the abnormal psychologic phenomena.

We will not discuss here which psychoses should be reckoned among the organic ones, as in the following only such psychoses will be presented, the organic etiology of which cannot be a matter of doubt. The most important common characteristic of these psychoses is the decline of the intellectual functions, which is called dementia and which is generally considered a primary symptom, i.e. a direct consequence of the organic process. We need not enter into the question as to whether there is any necessity of distinguishing among different types of dementia, such as the paralytic, the senile, the epileptic types. It is, however, very important to mention at the outset another difficulty, one which arises from the fact that as a rule dementia is considered a lasting

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characteristic. Already, long ago, it had been established that under the influence of emotional factors the dementia may impress the experimental investigator as being much more serious than it proves to be after the emotions have come to rest. In order to make allowance for this observation, Hoche adopted the hypothesis of an axial and a marginal dementia. The first, being a primary symptom, would not be capable of improvement while the other one would. And now the experience gathered from the effects of the treatment of general paralysis with malaria germs has shown that even dementia of a type which formerly would have been considered axial may be cured, or at least improved to a considerable extent.

We may assume that it has been sufficiently proven that disagreeable stimuli—experimentally applied, or naturally arising from some illness—as a rule disadvantageously influence the process of mental functions, such as attention, memory, combination, etc. At first one would be inclined to suppose only a direct connexion between the effect of the stimulus which, becoming conscious (e.g. as pain, or as an obstructed respiration), absorbs not only attention and interest, but also produces a disturbance of consciousness and the mental processes. The psychoanalysis of psychoneuroses, however, forces upon us the realization that there is still another possibility which has to be taken into account. It has taught us that very often the disturbances in the attention, the memory, etc., are the result of introversion, which means a state in which the libidinal interest is absorbed by unconscious fantasies or memories. This state of introversion is almost always the reaction to a traumatic change in the surroundings of the individual, such as the loss of a beloved object. Much more intensive than the disturbance caused by the apperception of the stimuli mentioned above, is the disturbance which is caused by the introversion in which experiences are used, in association with reminiscences, as the materials out of which unconscious wish-fulfilling fantasies are composed. The same applies to the stimuli resulting from normal physiological functions, such as the phenomena of puberty, and to those arising from organic lesions outside or inside the central nervous system.

As an instance, we may mention a case cited by Ferenczi, of a patient who was suffering from paranoid schizophrenia following the removal of both testicles. After some time the castration gave rise to ideas of persecution of a homosexual type. It would be difficult to conceive of these symptoms otherwise than as being the

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manifestation of unconscious fantasies in which the castration had been made use of by passive homosexual tendencies which hitherto had been kept in repression successfully.

Ferenczi proposed the terms *pathoneuroses* and *pathopsychoses* to indicate this class of psychologic reaction. If we accept this terminology, our problem may be stated as one of determining to what extent the symptoms of the organic psychoses, especially in dementia, can, or must be considered to be patho-psychotic.

In psychoanalytic literature we find to date relatively few attempts to study psychotic symptomatology from this point of view. Disturbances of inculcation and of reproduction from memory, characteristics of the psychosis of Korsakoff and of dementia senilis, have been subjected to a continual experimental and psychoanalytic investigation by Hartmann in collaboration with Bettlheim, by Hartmann alone, and by H. C. Jellgersma. They were able to find that the inculcation and memory of unpleasant ideas are more readily disturbed than those of pleasant ones, and remind us of the influence of the repression, which might be responsible for some of the symptoms of "marginal" dementia. Moreover, Hartmann discovered in his cases that there is a shifting of emotional charges and the substitution of "forgotten" ideas by their symbols. These processes are known to us through the study of the neuroses. Jellgersma calls attention to the manifestations of increased narcissism and auto-erotic interests in the senium, which he considers to be an indication of a regression of the libido.

Of all organic psychoses, general paralysis has been studied by psychoanalytic investigators far more than any other psychosis. In the following considerations we will therefore limit ourselves to this disease.

We find on the one hand the conceptions of Ferenczi and Hollós, and on the other, quite in opposition to these, the conceptions of Schilder.

Ferenczi and Hollós did not choose paralytic dementia in its entirety as their starting point, but confined their attention at first to these symptoms which very often accompany the dementia. These are the depressive and manic syndromes. They consider the paralytic depression a reaction to the awareness of declining physical and mental efficiency. As a patho-psychotic symptom it thus is brought into relief against the background of the unconscious castration-complex. The authors do not explain some of its aspects by means of the mechanism which Freud pointed out as

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the determining factor in melancholia; they put up, instead, an analogy with what normally happens in the case of the loss of a beloved object in the outside world, viz. mourning. As a matter of fact, one might speak of the loss of a loved object in this case too, though the object belongs to the inner world, being the realization of part of the ideal and the recipient of narcissistic libido. The attempt to recover from this loss manifests itself, according to Ferenczi and Hollós, in the manic syndrome. It necessitates a regression to an earlier stage of development, a stage at which the damaged functions had not yet been developed. After this regression the insufficiency can easily be denied. The tendency to regression is considered to be characteristic of paralysis, and must result in a regression to the narcissistic stage, at which point the contact with reality is lost altogether. Schilder remarks correctly that the conception of a tendency to continue the regression as in the schizophrenic withdrawal is not supported by clinical observation. On the contrary this demonstrates that the paralytic patient is always making an effort to keep in contact with his surroundings.

Schilder has made the dementia the central point of his field of investigation. His method of study was asking for the reproduction of short stories which first had been told to the patients. Analysis of the mistakes contained in the reproductions convinced him that in paralytic dementia the mental processes show a marked conformity to the unconscious processes as described by Freud, which are also found in schizophrenic thinking. There are, however, some important differences between the psychology of the schizophrenic and that of the paralytic patient. Whereas the first turns away from reality, the other one is continually trying to maintain contact with it. Moreover the first uses regressive (archaic) material in his thinking while the sufferer from paralytic psychosis works only actual material into his mental productions. Thus, according to Schilder, the paralytic does not show the symptoms of regression. It should be pointed out, however, that Schilder differs from Freud to the extent that he does not distinguish between the regression of the ego and the regression of the libido and it is not quite clear by which criteria he diagnoses a regression. According to Freud's conception the prevalence of the unconscious mechanisms in the mental processes itself as found by Schilder is to be considered as a regression of the ego. Now Schilder contends that temporary or lasting states in which a regression (in the sense of a regression of the libido) is shown to have taken place will manifest themselves in general paralysis only when, by the treatment

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by malaria infection, a change in the paralytic process has been produced.

In the first place, I would like to point out that today the treatment of paralysis with malaria is instituted so early that the chance of finding fully developed specimens is becoming smaller and smaller. Secondly, the therapeutic urgency greatly limits the possibility of psychoanalytic investigations, which always demand a long period of time. And, thirdly, the experimental method applied by Schilder to the dementia is certainly not one which permits an estimate of the degree of regression.

In a paper read before the Netherlands Psychoanalytical Society,¹ Katan reported on the results of the psychoanalytic examination of a number of cases of general paralysis which had undergone malaria treatment, as well as of a number of case-histories dating from the period prior to the general adoption of the malaria treatment. With regard to these last cases he arrives at the following conclusions.

Like Ferenczi, Hollós, and Schilder, he too was able to discover that the patients were aware of having been infected. The luetic infection was equated as a rule in the psychosis with a castration. Katan pointed out that it would be an interesting problem to determine whether patients who lack the knowledge of their infection react in the same way. In some cases the infection is denied, but in such a way that the denial amounts to an affirmation.

A., aged 52, suffers from taboparalysis with atrophy of the optic nerve which renders him practically blind. One morning he told spontaneously the following story: As a young marine he once had to travel from one port to another with a group of other young men under the command of a sergeant major. They had to pass the night at R. Instead of leading them to a decent hotel, the sergeant took them to a house where "each man found a woman in his bed." All had made use of the opportunity *with the exception of himself*. As he got a neuritis optica leutica some years after, we know what to think of his wish-fulfilling denial. In the same way we can understand his contention that he is able to see very well and his desire to prove it by proceeding to describe what the doctor looks like and to enumerate with much emphasis all the ladies who are with him.

In a manic phase the castration, the impotency, and all the insuf-

¹ Abstract in *Internat. Zschr. f. Psa.*, 1931. I want to thank Dr. Katan cordially for putting his manuscripts at my disposal and for his assistance in summarizing the main points of his discoveries and his theoretical considerations.

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iciencies which may be included in this category, are simply being denied or sometimes admitted to be denied again afterwards. A typical specimen of this type is B., who tells us that God cuts off his genitals every year, but gives him another set instead.

It would be very easy to produce a number of instances showing the tendency to compensate for whatever is felt as inferior. One example, taken from the case-history of the same patient B. may suffice:

One night he had been very restless and had constantly tried to leave his bedroom. The nurse had had to prevent him from doing so. Once the patient had stumbled and fallen against the bedstead, emerging with a black eye. Next morning he announced that he was a very strong boxer and had never lost a fight with one exception, which had taken place *a very long time ago*.

While the equation syphilitic infection = castration already betrays a regression, the effect of this process comes still more to the fore in another observation. Although the patient knows very well that he was infected through sexual intercourse with a woman (which means having been castrated by a woman), he invariably looks on this mishap as the punishment for the intercourse, inflicted by a man or, more correctly phrased, by a representative of the father *imago* (God, who cuts off the genitals). Undoubtedly this train of thought belongs to the Oedipus complex, the influence of which proclaims itself in many other respects. For instance, when the patient, during the manic period, denies the castration he does this by entirely disregarding the prohibition of incest. He himself (not the father) is the mightiest man in the world, he is the most potent one, he can (is allowed to) possess all women, meaning the mother.

C. tells us that he is married to Queen Wilhelmina, but also to Princess Juliana. He likes the daughter better because she is younger. The true meaning of this idea becomes very plain when we learn that in the beginning of his illness he entered his daughter's bedroom—she was nineteen then—and said to her: "You are a good child; I am coming in to sleep with you, as your mother no longer wishes me to come to her." He also once maintained that his mother was in the adjoining room, and he wanted to go in to her to be nursed.

Katan found in the depressive state traces of those mechanisms Freud has described with regard to the melancholic phase of the manic-depressive psychosis. As a rule, however, the patient does not show a marked degree of self-reproach, but openly complains of

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having lost his genitals, or else expresses a multitude of hypochondriac complaints these, as we know, are the result of a genitalization of other parts of the body after the genitals have become tabooed by the threat of castration. But even then it becomes evident that the sufferer has not gotten rid of his Oedipus complex, and is still under the sway of his incestuous desires.

D. is complaining of his body being syphilitic; he calls it an injustice that he must pay so dearly for his one false step. He wants to die. All things which are intended to postpone his death only increase his agony. He wants to die in order to lie with his mother in the grave. He once tried to commit suicide by running through a small window-pane in his room with his head foremost, which symbolic action needs no further explanation.

In these cases the regression reaches the stage of the incestuous object-choice, i.e. the stage preceeding the one in which the Oedipus complex is destroyed by the building up of the Super-ego. This has a marked influence, too, on the development of the ego. Katan cannot yet determine whether or not a further regression is taking place without the intervention of the malaria treatment.

From the foregoing it is clear that Katan does not agree with Schilder that in those cases of paralysis which were not treated with malaria no phenomena of a regression of the libido can be discovered. On the contrary, the equation syphilitic infection = castration, the incorporation of this castration into the pattern of the Oedipus complex, the fact that the incestuous object-choice is considered as permissible and fitting, and is accompanied by fantasies of greatness, all these symptoms seem to justify the conviction that a regression does take place. It has been said before that the changes in the mental processes observed by Schilder must also be considered the result of a regression (viz. of the ego). The acceptance of the process of regression Katan shares with Ferenczi and Hollós. He, however, fully agrees with Schilder that the treatment brings all these phenomena much more to the fore. And he explains this fact by pointing out that it is possible to judge the stage reached in the process of regression only if an attempt at recovery is undertaken from this stage. The treatment, while greatly encouraging the attempt at recovery, at the same time promotes the appearance of symptoms of regression.

Space forbids us to compare in detail Katan's hypothesis on the paralytic regression with those of Ferenczi and Hollós, and of Schilder. It is based on the experience of the favorable results of the malaria treatment which succeeds in some cases in restoring

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the psychic functions to normalcy. Katan supposes that *an important quantity of energy is absorbed by the fight against the paralytic virus or lost by the destruction of brain-tissue*. As long as malaria treatment does not come to the rescue by a direct attack on the said virus, thus liberating again the absorbed energy, the necessity of keeping the level of psychic expenditure as low as possible continues to dominate. And this forces the individual to give up the expensive mechanisms of adaptation according to the reality principle, and, by regression, to fall back on the primitive pleasure principle.

BIBLIOGRAPHY

- Bettheim and Hartmann: "Über Fehlreactionen bei der Korsakoffschen Psychose," *Archiv für Psychiatrie* (1925)
- Ferenczi, Sándor: *Hysterie und Pathoneurosen*
- Ferenczi and Hollós, I.: *Zur Psychoanalyse der paralytischen Geistesstörung*
- Freud, Sigmund: *Zur Auffassung der Aphasien*
- "Trauer und Melancholie," *Internationale Zeitschrift für Psychoanalyse* (1916-1918)
- "Der Untergang des Oedipus Complexes," *Internationale Zeitschrift für Psychoanalyse* (1924)
- "Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia," *Jahrbuch* (1911)
- "Formulierungen über die zwei Principien des psychischen Geschehens," *Jahrbuch* (1911)
- Hartmann: "Gedächtnis und Lustprinzip," *Zeitschrift für d. ges. Neurol. und Psych.*, CXXVI
- Jelgersma, H. C.: "Inprentingsproeven bij psychosen in het senium," *Ned. Tijdschr. v. Gen.* (1928)
- "Die Psychoanalyse der Dementia senilis," *Zeitschrift für d. ges. Neurol. und. Psych.* (1931)
- Ophitjzen, J. H. W. van: "The Theory of Regression in Clinical Psychiatry," *Psychiatric Quarterly* (1930)
- Schilder, Paul: *Studien zur Psychologie und Symptomatology der progressiven Paralyse*

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THE TECHNIQUE OF PSYCHOANALYTIC THERAPY

IN A short essay of this type it is hardly possible to give a detailed description of the complex problem which psychoanalytic therapy presents. The aim of this chapter is to give a general suggestion of its numerous technical and therapeutic aspects.

The reader will find references to general ideas about the problems of treatment in many of the essays contained in this volume, and in many instances there will be unavoidable repetition. However, I will endeavor to give a short comprehensive picture of the problems, aims and general proceedings in analysis.

We can establish the general aim of psychoanalytic therapy as being the bringing about of a harmonious functioning between the different parts of the personality, between the parts which are likely to create conflicts in the healthy and sick alike. These antagonistic strivings in the emotional life are experienced by everyone.

If we try, as we must in the beginning of treatment, to see the problems which have brought forth an acute neurosis, we will find the most important rôle being played by the conflict between (1) external reality which forces one to renounce and repress impulses, and (2) desires which demand gratification. This external reality, in the description of the course of early development, was said to be represented by parental authority. (See chapter on Character Formation.) As the child matures it gradually internalizes the parental authority which becomes the Super-Ego. If the individual is over-sensitive and not able to tolerate frustration very well, then the external reality may be felt very keenly and even experienced as traumatic. Such an over-sensitivity has a long history and always leads back in part to biological disposition, and partly to early environmental factors. In analysis, early environmental factors refer to the Oedipus complex which is a product of both biological and social foundation: the biological being the natural attachment to and dependence upon the parents; the social referring to the individual's reaction to both parents, who represent to him the earliest pattern of social environment.

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Pathological elements can be present in both individual and environment. It is comprehensible that a sickly little child getting extreme care and attention in the first years of life, may be conditioned to expect and demand this great care and so will develop an over-sensitive ego. On the other hand, the environment (represented by the parents) may be intolerant, harsh and demanding, and the child will be exposed to frustrations with which he cannot cope. The situation will create a problem which later in life may be re-experienced by the individual in his relationship to the demands of reality and in his social relationships and thus a neurotic difficulty may be brought about.

We can perceive the rôle of the over-sensitive ego and the environmental factors in the causation of a neurosis. We have to add to that perception the quantitative factors of emotions which are also of importance in creating neurotic ailment or sickness; namely: with what intensity one reacts to situations. Quantitative factors actually make the difference between healthy and neurotic behaviours. The neurotic simply reacts with a greater quantity of emotion; he has to manage stronger emotional drives, and has to utilize more energy to control his feelings.

Whenever, in the course of analytical treatment we investigate the disturbances which hinder the harmonious functioning of the different parts of the personality, we always find that the severity of the neurotic symptoms parallels the degree of emotional involvement. For instance, anxiety will be more or less severe according to how much anxiety the person has had to experience and cope with from early childhood on, and to what extent he was able to manage the anxiety itself and the situation which created it.

Let us take as example an employee who is bullied and intimidated by her employer. Whether she reacts aggressively to it, or whether she accepts intimidation and becomes cowed and frightened, will depend almost entirely upon her reactions in childhood to similar situations.

It is generally accepted, as a result of psychoanalytic research and investigation, that childhood provides the basis for the later development of a neurosis. The child's attachment to his parents and its solution in partial independence, characterize the early years. The solution will determine whether the future course of the individual's life will be more even, or whether he will have to face more difficulties.

The Freudian hypothesis maintains that before the individual can become a social member of a group he must have passed, within

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a short period, through developmental stages from the primitive to the cultured,—and this is actually what occurs. The primitive child has to develop into the cultured social being. This implies that primitive instincts must be altered, in part repressed, and in part renounced. The child is compensated for giving up or repressing his primitive, “not-nice” desires by the love and support of his parents. But, if for some reason there is stronger adherence to primitive desires, and they are carried over into adult life, neurotic conflicts will result. In fact, such is the history of the individuals who come for psychoanalytic treatment.

The aim of psychoanalytic therapy is, then, to teach the patient to manage his feelings and thoughts in a way different from the pattern he has established. The patient will learn to understand the chaotic emotional struggle that is going on within him,—a struggle of which he is only partially conscious; for the most part he knows nothing of its existence. He will learn to understand his reaction pattern to environment and will have to alter it, since the environment very seldom can be changed. The therapy will have the very important task of undoing many harmful injuries from which the patient has been suffering. He will have to learn to accept as his own, drives which were repressed, and to tolerate their frustration. Instead of avoiding unpleasant thoughts, he will learn to face them even if he can not turn them into action.

What then is the method by which the patient learns all this and how does it operate? To illustrate the process in action, let us first take the case of a severely anxious person who has been supporting himself with difficulty and always changing jobs. He finally secures a permanent position which has been one of his important goals, but hardly has he commenced his job when he begins to be tormented with fears of being unable to fulfill his contract. For a while, under enormous stress, he succeeds in turning out the expected material, but it becomes less and less adequate and at last he feels impelled to quit. Under the double pressure of the reality situation of having to support himself, and constant anxiety about being unable to handle a job satisfactory, he seeks the help of a psychoanalyst. It is obvious from the start that he has a deep fear of criticism, and an over-strong desire for constant approval. During the many months of analysis these two factors constantly came up for discussion, and all his thoughts and emotions centered around these two problems. These feelings being constantly present, it was not difficult, through his memories, to link them up with differ-

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ent developmental stages from early childhood on. His repressed thoughts and feelings poured forth more and more easily, and soon he found himself having those two basic problems, fear of criticism and desire for approval (which centered around his parents) linked up with his personal relationship to the analyst. His *transference relationship* to the analyst became more prominent, and more and more he sought the approval and guidance of his therapist (which also implies the fear of being criticized). The non-critical and benevolent attitude of the analyst, in addition to the patient's own hope and reliance on the treatment, made remembering and reproducing of repressed impulses easier, alleviated tension, and the patient became ready to experience even his spells of anxiety, knowing that they would no longer be so distressing.

His anxieties proved to be not so much related to his reality situation as they appeared, but rather were remnants and carry-overs from his childhood and adolescent years. He was the first child in his family of many siblings, and considerably spoiled by both father and mother. His brothers and sisters began to arrive when he was four and with each new arrival his envy grew, and with it the constant fear of losing out in the struggle for his parents' affection, which now slowly turned to the newcomers. He made frantic efforts to retain the exclusive love of his parents, and his being frustrated more and more in that attempt was very difficult for him to bear. As a last resort he developed all kinds of anxiety symptoms so that his mother was forced to give him the desired attention. However, his father sensed the truth behind his symptoms, became very severe in handling the boy and he became to the boy a real terror whom he hated, and defied whenever he could. This defiant attitude to his father, coupled with the hate which was conscious in the little boy's mind added to his constant fear of father and filled him with feelings of guilt. This state of affairs continued until he reached the age of ten, when there was a sudden turn in the boy's behaviour. He seemingly adjusted himself to the situation at home and became a good student, contrary to his previous school record. With his good work and behaviour, father's attitude toward him changed and, as the patient termed it, they became good pals. The years of adolescence were passed in what appeared to be a normal manner, except that our patients learned to exercise strong self-control over masturbation drives because of his father's description of its evils. He directed all his interest to his studies and finished school and college with excellent marks and with great promise for the future.

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In the course of his treatment it soon became evident that his seemingly peaceful adolescent period up to the college years was really a period of constant struggle in which his impulses and drives were at constant war with his ego. He actually had to use a great part of his energies in keeping those impulses repressed. It was remarkable that in spite of it he was a leading student. A persistent investigation of that period of his life brought into focus the repudiated drives, the repression of which required so much of his energy. As the patient began to understand the origin and aim of those drives and was able to interpret his behaviour in relation to them he developed a more tolerant attitude towards them. Under the guidance of the analyst he gained insight into his tendencies of regressing and fleeing actual reality situations. This tendency and its accompanying guilt were the main causes of his neurotic conflicts.

Just as everyone of us, when experiencing disappointment, has the desire to turn back to a period of life when needs were more easily and completely gratified, so our patient, when faced with a situation in which he had to establish and support himself, was shocked by the sudden prospect and the task which he never had to think of before, and he felt impelled to run away from it. The fact that father was constantly behind him pressing him to take a job after he left college, aggravated the strong runningaway tendency and he had the conscious feeling that he was really complying with father's demands when he took a job. Hence he also felt that he should be compensated for carrying out his father's demands. All this actual involvement in his problem helped the patient to unearth his memories and emotions concerning his parents; especially his constant expectation in childhood of being abandoned by them, and his struggle to prevent it.

Recognizing the relationship between his childhood and his actual life situation, and learning to handle this reality situation differently naturally involved the analyst personally, as though the patient were doing all that in order to get further guidance and approval from the analyst. This is what we referred to earlier as the *transference relationship*, and in this phase of analysis we refer to it as a positive transference because it is colored by compliance and dependence upon the analyst. However, emotions of a different type are also mobilized and come to the fore in the process of treatment, namely, dissatisfaction, defiance and resentment, in periods when the patient feels frustrated in his desire to obtain the proper guidance and support from the treatment. This

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aspect of the analytical situation is of great importance because it reactivates anxieties which originally were connected with parents and their attitude toward the patient in his childhood.

In the positive phase of analysis, as a result of this dependence on the analyst, the patient showed more courage in facing the tasks which confronted him in the external world and also in relation to his drives. In the period of negativism, he developed additional courage and self-reliance as a result of having to cope with the reality situation, even though he did not get constant encouragement or approval from the analyst, and also as a result of being able to verbalize his criticism, dissatisfaction and hostility to the analyst—something he had never dared to do before.

In childhood the patient had to accept the fact that the world, his family, could not be changed to conform to his desires, but that he must change to meet their demands. In childhood he could not meet that situation and tried to force his parents (the world) to change by his various anxiety spells and symptoms. Thus the help from his parents, which he wanted under all conditions, was forthcoming because he forced them to give it. In analysis the same situation is repeated. This time the help is not forthcoming as he desires it. The analyst does not change and the patient learns to change and adjust.

The occurrence of these emotional experiences in analysis makes it increasingly clear that the Oedipus situation is really the center of analytical investigation. The expectations aroused by the transference and their subsequent frustration bring forth again and again the unresolved affects of childhood. The left-over maladjustments from childhood are resolved and a new adjustment begins to set in. A more harmonious reaction to inner instincts and desires and to reality takes place. The childhood distrust of the parents, which was carried over to later life, slowly changes through the understanding guidance of the analyst, and the patient learns to express his fears, his resentment, his embarrassing thoughts and his anti-social tendencies. The feelings of guilt which were attached to such thoughts and feelings are diminished when the patient learns that *thoughts and feelings are not the same as actions* and that with thoughts and feelings he really cannot harm anyone. The conviction that he can do so is a remnant of the childhood belief in the omnipotence of thought.

Of great importance in helping to reveal the repressed thoughts, feelings, childhood memories and experiences, are the patient's dreams. (See chapter on Dream Interpretations.)

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The therapeutic procedure aims at giving to the conscious part of the personality insight. The conscious part is the adult and he must recognize what the unconscious, the primitive—the child in him—is trying to do. Having recognized this it is up to the adult part of him, with the assistance of the analyst, to undertake the task of checking habits and tendencies which have been left over from childhood. After a while the patient accepts the therapeutic aim as his own. That part of his personality which still clings to desires of childish gratification and to the past, when gaining pleasure was accomplished with least resistance, gradually becomes conscious and thus liberated. In this way a fertile soil is created for the growth of a balance between the two main parts of the personality, and thus the disturbances which began in early childhood are cleared away.

The degree to which patients are amenable to treatment varies. There are two general categories of patients. One: those who suffer discomfort and seek help of their own volition; two: those who are not aware of their neurotic difficulties, which however are recognized by members of the family who bring them for treatment.

As one would expect, better results are obtained with the first group. In this group are all the so-called transference types of neuroses, the type of patients who are able to transfer to the analyst emotions of love and hate, originally evoked by the parents, but which later show up in social relationships, causing the patient difficulty. In the analytical relationship the troublesome emotions are worked out by being transferred to the analyst. These patients have no difficulty forming relationships as they are elastic and easily influenced. Moreover *they have a desire for recovery*. In this first group, under the heading of transference neuroses are included the various anxiety neuroses, phobias, obsessions, slight depression, sexual difficulties (impotentia and frigidity), certain criminal tendencies (kleptomania) and many types of somatic disturbances, such as, for instance, gastro-intestinal difficulties.

In the patients whom we classify as belonging to the second group (those who are not aware of their neuroses), the ego has a loose, if indeed any, contact with reality. These people constantly try to escape reality, and being extremely narcissistic, have little desire to form social relationships. Included under the heading of narcissism are the severe depressions, mild cases of schizophrenia and mild paranoid states.

The above-mentioned general division of types indicates that there are definite criteria for the selection of cases for psychoanalytic

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treatment. The psychoanalyst knows that he must exercise caution in determining which patients are suitable for analytical therapy. He must bear in mind the limitations in the treatment of certain cases in both groups, especially the second.

Freud himself always called attention to the limitations of psychoanalytic therapy. Even as late as 1933 in his book, *New Introductory Lectures on Psychoanalysis*, he warned the optimists of the limitations of therapeutic efficiency for the second group, the narcissistic neuroses, which incidentally, have been the subject of extensive investigation of late, by American analysts.

It takes years of experience and training in analysis to acquire insight into all the factors which contribute to the causation and maintenance of mental illness and only this knowledge and perception will enable the therapist to select those cases which can be expected to react favorably to therapy.

A theoretical knowledge alone is not sufficient to enable the patient to understand fully what has happened and what has created the neurosis, how emotional conflicts originated and how the early reaction patterns are carried into adult life, thereby distorting reactions to reality in adult life. The patient must re-experience, re-enact in the analytical situation. It can be called a re-education by means of re-experience. The analyst's theoretical knowledge will give him (the analyst) an understanding of the patient's general reactions but individual patterns cannot be generalized, and the approach to every patient, though it has its general rules, must follow an individual path.

When all these factors are considered, it becomes understandable that a psychoanalysis can not be done in a short time. Only in prolonged treatment can the early emotional entanglements, which play such an important role in adult life, be followed through and extricated.

A thorough investigation of this type illuminates the complicated psychic mechanisms of early life: pattern formations, the loves and hates which were so important in the development of early attachments, and the resentment at early frustrations.

Only through an intensive therapeutic process can we learn the important functions of the ego. Experience has taught us that the instability and insecurity which underlie neurotic behaviour are due to an ego which already functioned imperfectly in youth. The need to depend upon someone, which is normal in childhood, becomes an important symptom of the neurosis if it is carried over

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to adult life. It signifies the failure of the youthful ego to mature and strengthen parallel to the individual's physical growth.

The weaker the ego of the patient, the greater the number of problems that will arise in analysis. The success of the therapy is in direct proportion to the degree of re-education and ego strength acquired by the patient.

BIBLIOGRAPHY

- Fenichel, Otto: *Outline of Clinical Psychoanalysis* (New York: W. W. Norton, 1934)
- Ferenczi, Sándor: *Further Contributions to the Theory and Technique of Psychoanalysis* (London: Institute of Psychoanalysis and Hogarth Press, 1926)
- Freud, Sigmund: "Recommendation for Physicians on the Psychoanalytic Method of Treatment," *Collected Papers* (The Institute of Psychoanalysis and Hogarth Press, II)
- Gerö, George: "The Idea of Psychogenesis in Modern Psychiatry and Psychoanalysis," *Psychoanalytic Review*, XXX (April, 1943)
- Glover, Edward, editor: *Technique of Psychoanalysis* (London: Baillière, Tindall and Cox)
- Hendrick, Ives: "The Contributions of Psychoanalysis to the Study of Psychosis," *Journal of the American Medical Ass'n* (Sept., 1939)
- Laforgue, René: *Clinical Aspects of Psychoanalysis* (London: Psychoanalytical Library, 1938)
- Lorand, Sándor: *The Morbid Personality* (New York: Knopf, 1931)
- "Psychogenesis and Therapy of Depressions," *The Psychoanalytic Review*, XXIV (1937)
- "Anorexia Nervosa: Its Psychodynamics and Therapy," *Psychosomatic Medicine*, V (1943)

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✓ PSYCHOTHERAPY AND PSYCHOANALYSIS

PSYCHOTHERAPY, it has often been said, is the oldest form of medical treatment, for it is not only at least as old as recorded history but, beyond any question, much older. For medicine had one of its ultimate origins, certainly, in primitive magical and religious practices. Because disease, an otherwise inexplicable phenomenon, was ascribed to the action of human magic or to the activities of maleficent spirits or other superhuman beings whom it was necessary to placate or to exorcise, the treatment of disease necessarily took the form of incantations, rites and ceremonials, charms and exorcisms. In so far as these measures were successful and actually cured disease, the therapeutic results obtained can only be explained—when these were not due simply to the *vis medicatrix naturae* and the self-limited character of many illnesses—on the basis of the effect which the rites and rituals employed had upon the mind of the sufferer, of their “suggestive” or other psychological influence, of the action, in a word, of *la foi qui guérit* (Charcot). Psychotherapy, in, at any rate, this sense of the treatment of disease by means of agencies acting through the mind of the patient, is thus undoubtedly the oldest form of medical treatment employed by man. But, as need scarcely be said, it is necessary to distinguish between, on the one hand, the mere, irrational, as we would say superstitious, use of remedial agencies acting through the mind and producing their therapeutic results by virtue of “that faith which heals,” and, on the other hand, the established and accepted knowledge that these remedial practices acted in just this manner and in no other; for the first is a part of the earliest history of the human race, but the second, on the contrary, is (as W. H. R. Rivers in particular has remarked) one of the most recent acquirements of medicine. Indeed, it might justly be said that psychopathology and psychotherapy have pursued an evolution, although belatedly, similar to that of medicine—that evolution, we mean to say, whereby an etiology and treatment referable to “natural causes” come to replace etiology and treatment founded upon the notion of magical and supernatural agencies; but in the case of psychopathology and psychotherapy as thus conceived “naturalistically” and within the category of the “scientific,”

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and therefore divorced from magical and religious conceptions, this evolution may be said to have been slow and belated; for a genuinely and scientifically psychological point of view, the notion of the possibility of a purely psychological approach and of the validity of psychological conceptions in medicine, has indeed been a late-comer in the field, just as psychology has been a late-comer among the sciences. In truth, the leaven introduced by the creation of a psychological orientation towards various medical problems not formerly regarded from such a standpoint—this leaven has even now worked upon the whole lump but unevenly and incompletely and against resistance, the resistance of tradition and of certain deeply rooted prejudices, to say nothing of that of the necessarily “materialistic” bias inculcated by medical education and training (does not even the accomplished author of the *Confessio Medici* say: “We learned him as *corpus*, and it took us five years, and some of us longer, to learn him that way”?).

It is customary to think of the theory of “animal magnetism” with which Mesmer (1733-1815), although he had certain forerunners in the preceding century, is particularly identified, as marking the earliest beginnings of psychotherapy in the sense of a mental therapeutics consciously and deliberately employed. But in reality the views and practices of Mesmer and the magnetists did not embody a psychological conception of disease or of therapy; rather it can only be said that they sowed the first seeds of such a conception by bringing to notice certain genuine facts of observation that later underwent a reconsideration and a verification out of which evolved ultimately the conception of the “psychogenic” character of certain disorders and the conscious utilization of therapeutic procedures whereby “the sick mind or the sick body is acted upon through the intermediation of the mind.” In a word, despite the certain slight degree to which a psychological rather than a physical or physiological explanation of the phenomena observed in the so-called magnetic or mesmeric state may have been foreshadowed by the early magnetizers, it was the work of Bertrand and of Braid, in the middle nineteenth century, that finally developed an explanation in psychological terms of these phenomena. For these observers gradually came ultimately to the point of view that, in the words of Bernard Hart, “the anaesthesias, paralyses, and other phenomena which had been ascribed to the action of magnets [magnetic fluid], and peculiar passes, were due to none of these things, but merely to the suggestive effect of the ideas aroused in the patient’s mind by the operator’s words and gestures.”

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Thus Braid reached the conclusion that hypnotism—a word coined by him to replace the former term mesmerism—and the phenomena characterizing the hypnotic state were produced by “suggestion” and were to be explained by purely psychological principles; and it was discovered, further, that the various symptoms which could be removed through the “suggestive” influence of the physician, by a process involving mental factors only, could also be created by this same “suggestive” influence.

Some forty years passed before further verification and amplification were vouchsafed to the revolutionary conclusion reached by Braid and his contemporaries that a mental state could be directly provocative of certain symptoms, some of them of a definitely physical character, without their having an immediate basis in a physical or physiological condition or depending upon factors of the latter order for their direct causation—and the radical nature of this conclusion will be better appreciated if we think of how frequently even nowadays a physical etiology is the first, and often enough the only, to be invoked as accounting for symptoms in the purely mental or emotional sphere, still more for symptoms (such as, for example, headache, fatiguability) of a border-line nature. This further confirmation and elaboration are to be credited to Bernheim, of the Nancy school, who extended the conception of suggestion to make of it a factor universal in mental life, capable therefore of producing effects, including therapeutic effects, independent of hypnosis, which was simply a non-pathological condition of somnolence characterized by heightened suggestibility; and to Janet, who, combining the study of hypnotism with that of hysteria, carried further the beginning delimitation of psychogenic from other disorders, pointing out (to take one example from among many) that an hysterical anaesthesia or paralysis, invariably had a distribution which did not correspond to a possible anatomical lesion of any sensory or motor nerve or nerves but corresponded instead to the patient's idea of the anatomy of the limb involved, and was thus a symptom determined by factors of a psychological order. The phenomena observed in hysteria—the paralyses, anaesthesias, amnesias, somnambulisms, etc—further led Janet to the conception of “dissociation,” by virtue of which process something—an idea or group of ideas—which was in consciousness becomes split off therefrom, becomes dissociated from the main personality of the individual, thereafter leading a separate existence, more or

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less completely independent of the patient's personal consciousness. In accounting for the occurrence of this dissociation in these patients, Janet postulated a largely inborn or constitutional defect in the form of a lowering of nervous tension, whereby certain functions, it would seem, drop out of consciousness because the power of personal synthesis, assumed to depend on maintaining a certain level of nervous tension, is at fault; the assumption being, to state it otherwise, that such patients possess a congenital incapacity for assimilating in consciousness various experiences that the normal individual can. It was reserved for Freud to supplement this somewhat mechanical conception by a more dynamic one; to postulate, in addition to the factor of an innate instability, and as of primary moment in the splitting off from or keeping out of consciousness of certain mental constellations, the operation of a conflict of opposing forces within the personality, a conflict between incompatible desires or wishes in the mind, a conflict springing from thoughts or desires incompatible with the individual's ideas of propriety or duty or morality and thus unacceptable to his conscious self, his main personality. "Mental processes," to quote the summary statement of Ernest Jones, "are dissociated, split off from consciousness, kept 'repressed' in the 'unconscious,' either when they are themselves incompatible with the 'higher' social and ethical standards of conscious tendencies, or else when they are closely associated with other mental processes of this unacceptable nature." Or, stated equally schematically, the dynamic conception of repression—the active mental force that equally opposes the re-entry of thoughts into consciousness and was responsible for banishing them from consciousness originally and in the first place—is the foundation stone of the Freudian structure of psychoanalysis.

The excuse for this somewhat lengthy introductory digression into the realm of psychopathology as distinguished from psychotherapy is that the conscious and deliberate utilization of a purely psychological approach in therapeutics, the employment of mental therapeutics in a manner possessing a rationale, is necessarily based upon the assumption that certain disorders, certain symptoms, are of "psychogenic" causation and have primarily a mental or emotional origin; not only does this form, clearly, the sole rationale of psychotherapy, but it follows, as an obvious corollary, that the greater the degree to which a given psychotherapeutic method embodies this assumption, the more rational and thorough-going and genuinely "causal" it will be. For psychotherapy not only

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has reference to the therapeutic means employed, the treatment of disease by psychic or mental means, the application of psychological science to the treatment of diseases, but it also means the treatment of disorders of the mind in the broadest possible sense, of disturbances conditioned by mental or emotional, that is psychological, factors, of all mental and emotional maladjustments and disharmonies and their resulting alterations of behaviour, whatever they may be. Considering psychotherapy first, however, as a method, a technique, it may be said at once that psychotherapeutic methods fall broadly into one or another of three groups, according as they utilize predominantly the principle of suggestion, of "re-education," or of a fundamentally exploratory or analytic approach to the situation presented by the patient—methods which form an ascending series, as here named, from the standpoint of the attempt which they embody to deal with the actual pathogenic factors involved, and of the degree to which they meet the criterion (emphasized by Ernest Jones) of the extent to which the patient himself is made actively to bring about changes in his mental functioning.

Suggestion, though a somewhat vague and inclusive term, is of sufficiently clear meaning; it signifies the imparting of an idea by one person to another and its acceptance and realization in the mind of the second person by virtue of a certain emotional or affective relationship between the two—the personal influence, as we say, of the first person—by means of which alone suggestion becomes possible or can be effective. A greater or smaller element of suggestion enters, doubtless into every medical relation with a patient, so that it is not only the most widely used form of therapeutics but inevitably so. As a consciously applied method of therapy, suggestion has been employed both in the form of hypnotism, its most striking form and that in which the personal influence of the physician plays perhaps the most predominating part, and in the more commonly employed form of suggestion in the waking state; between these two procedures there seems to be, on the whole, little difference either from a theoretical standpoint or from the practical one of the therapeutic results obtained. It is undeniable that these therapeutic results are in both cases often excellent and sometimes brilliant; but, on the other hand, they are by no means always permanent; relapse not infrequently occurs, as indeed is bound to be true of any form of treatment, of which suggestion is certainly an example, which leaves the actual pathogenic agent untouched. Indeed, one of the principal objections to suggestive

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methods of treatment is their essentially blind character; suggestion takes the symptom at its face value, as though it were itself the disease, in that it is directed primarily, indeed exclusively, against the symptoms, and not at all against the underlying pathological process. A second objection, allied to the first in contributing to the superficial and blind nature of treatment by suggestion and the not always permanent character of its results, is the excessive and abnormal degree of dependence upon the physician on the part of the patient which this method involves. It is an indisputable fact of clinical observation that the underlying emotional processes whose disturbance is responsible for neurotic illness and whose outward expression takes the form of neurotic symptoms are to a considerable extent shunted, in treatment, from this pathological mode of manifestation and for the time being "satisfied by pre-occupation with the idea of the physician and the feeling of attraction for him" (Jones) instead. Since, however, treatment by suggestion leaves *in situ*, as it were, these underlying emotional processes, nothing is done to resolve eventually this temporary centering of them upon the person of the physician; although it is true that many patients remain well after the cessation of treatment, it still remains largely a matter of chance, necessarily, whether this will be so or whether, when the *rapport* between patient and physician is no longer sustained by frequent contact, the emotional processes which were during the actual treatment focussed upon the latter will not, since these underlying tendencies have not been dealt with and are just the same after the treatment as before, fall back into their old channels. A purely symptomatic approach is equally represented by the form of mental therapeutics known as persuasion, with which the name of its originator and enthusiastic exponent, Dubois, is chiefly associated. As differing from suggestion, persuasion aims to appeal to the patient's reason rather than to his faith, to make use of reasoned argument, not to explain to the patient the nature, etc., of the underlying and primary pathogenic processes that have to be altered (for these are not investigated or dealt with, any more than in the case of suggestion), but to implant in his mind the conviction—but based on logic rather than built on faith, we might say—that his symptoms will disappear. Since, however, the mode of approach via the patient's reason, his intelligence, seems to over-estimate the potency of rational processes against the creations of an emotional system such as nervous illness primarily and fundamentally involves, it is a question whether the therapeutic results achieved by the

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method of persuasion are not in chief measure due, after all, to suggestion and the suggestive influence of the physician. On the basis of the considerations briefly outlined above, little more can be said in favor of suggestion (and its modifications) as a method of psychotherapy than that its chief place is in the instances where more radical and thorough-going methods are not available or practicable, as is largely the case in hospital and clinic practice, or where contra-indications to the latter methods exist, such as advanced age, lack of intelligence, etc. In fact, Ernest Jones, reversing his earlier judgment, has come to the belief that the more radical psychotherapeutic methods should be applied to the early and slight cases rather than reserved for the difficult and severe ones—this on the ground that the latter present the gravest obstacles to obtaining more than a partial result under any method of treatment, while the former may represent the stitch in time that saves the proverbial nine if radical rather than merely palliative measures are employed in these, since on the one hand a large number of severe cases would thereby be prevented, and on the other, the relative gain under really adequate measures is greater with the milder cases than with the difficult and severe ones which to some extent suggest an analogy to the situation where surgery is theoretically indicated but the particular case in question is inoperable and can therefore receive only symptomatic and palliative treatment.

A material step in advance of the purely symptomatic approach is represented by the form of mental therapy known as re-education, sometimes as psycho-synthesis, associated primarily with the names of Janet and of Morton Prince. Based as it is upon Janet's conception of the dissociation, due to the action of psychical traumata, of certain ideas connected with these traumata, their splitting off from consciousness with a resultant amnesia for them on the part of the patient, as the fundamental pathology of hysterical symptoms, the aim of this method of treatment is to investigate the full history of the symptoms, to resuscitate the forgotten memories, and to attempt to fuse the dissociated mental processes with conscious ones, at least to link them up with less disagreeable, more tolerable emotions. Thus the effort is made to modify the pathogenic factors themselves, rather than merely to neutralize their effect by an attack upon simply their end-products, the symptoms. Obviously a long step in advance, both theoretically and practically, is marked by this conception of the unconscious functioning of unconscious material; and the chief criticism to be brought

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against this form of mental therapeutics is the relative insufficiency of the exploratory means, of which hypnotism has been among the chief, employed. It was left for Freud, who also was occupied at first with the treatment of hysteria, and who also made use of hypnotism at the outset, later to discard it, to enlarge greatly the foregoing theoretical conception and to remedy this practical defect.

Psychoanalysis, the technique devised and elaborated by Freud, depends, not on the temporary and somewhat capricious enlargement of the memory field obtained in hypnotism, but upon the use of the method of "free association," in which, it is found, the free utterance of everything that comes to the patient's mind, regardless of how inconsequent or irrelevant these undirected "random" thoughts may seem to the patient, sooner or later supplies clues to the various unconscious complexes present, the existence and nature of which are further betrayed through the investigation and interpretation of the patient's dreams, at the same time the most valuable means which we possess of gaining insight into the unconscious mental life of the patient and Freud's most brilliant and important contribution to psychoanalysis. Thus psychoanalysis employs a technique far more thorough-going and effective than that made use of by the adherents of the re-education hypothesis in striving for the same object; namely, to bring to consciousness the repressed wishes that constitute the origin of the pathogenic tendencies, to bring about the assimilation in consciousness—an essentially emotional rather than merely intellectual process—of the buried pathogenic complexes, and thus to accomplish the release of the energy locked up in these complexes and expressed in symptoms, and its diversion into non-pathological and useful channels. In the course of this investigative and therapeutic process, the *rapprochement* that inevitably arises in greater or lesser degree between analyst and patient (known as transference because it consists of a transference to the physician, on the part of the patient, of emotions, both friendly and hostile, felt by the latter towards other persons with whom the physician has become identified unconsciously in the patient's mind) is itself subjected to analysis, traced back to its unconscious determinants, and thus made to serve the purposes of the analysis, by virtue of which analytic handling, the transference is eventually resolved and the patient freed, as from his other unconscious complexes, from emotional dependence upon the analyst. Or, as it might be concisely stated, the patient's neurosis becomes converted into a "transference neurosis," and the latter then dealt with analytically.

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The therapeutic effects brought about through this process of making possible the reassimilating into consciousness of dissociated unconscious complexes are due primarily to the fact that a conscious mental process can be influenced and controlled far better than can an unconscious one, for it is thus within the field of the individual's ordinary conscious judgments; at the very least it can be said that when a mental constellation that was formerly unconscious is brought into consciousness, the patient is given at least an opportunity of controlling it and of integrating it which he certainly did not possess and could not possess while it was unconscious and quite outside of his ken; while it is, further, a matter of clinical observation that an emotion bound up in an unconscious complex loses much or all of its intensity (and painfulness) when the complex is brought to the surface. Memories, wishes, self-accusations, severe injuries to self-conceit, which might well have been "outgrown" had it been possible for the individual to retain them in consciousness and deal with them in a normal way upon a conscious level instead of reacting to them as though they were something to be ashamed of, something to put out of sight, and so "repressing" them, retain all their original contemporaneous painfulness and, so to speak, virulence through this repressing process of hermetically sealing them off from the influences of time and conscious life, from "the ghost-banishing light of complete consciousness," whereby they are preserved in all their anachronistic attributes, much as the prehistoric mastodon in an iceberg. To unearth these psychical anachronisms and thus to expose them to the influence of mature and conscious judgment is to relieve the pressure they are able to exert only so long as they remain pent up, to rob them of their emotional significance, of all value and meaning in the contemporary life of the individual, to reveal them as the "creeds outworn," so to speak, that they are. Indeed, if it is true, as someone once rather unkindly said, that "historians are more omnipotent than God: they alter the past!" it can be affirmed with literal truth that psychoanalysis does actually, to the extent and in the sense just explained, alter the past. Such must be the broad answer—less metaphorical in the light of clinical experience than it may perhaps sound—to the question often asked as to what good it accomplishes to bring to light these things from out of the buried past, to initiate the patient into a knowledge of what, as the occasion of his illness, had been hidden from him.

The field of operation of psychoanalysis as a method of psychotherapy has been extended far beyond the treatment of hysteria.

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In compulsion neurosis we have a not very uncommon condition of considerable severity from the standpoint of the well-being of the patient, which is almost completely intractable to less radical methods of treatment, but which, on account of the great intricacy of its psychological structure and of what may be called its purely mental nature, is particularly well suited to treatment by psychoanalysis; on the one hand, some very excellent results have been achieved by psychoanalysis in precisely this disorder, while on the other, even the most modest results, in the severer cases, are out of the reach, it is safe to say, of all other modes of psychotherapy. Owing to the fact that psychoanalysis deals in a radical way with fundamental mental causes, is concerned with the whole pathogenic material in the patient's mind, it is particularly well fitted to be of help to those individuals (the overwhelming majority of whom, it is true, ordinarily perceive no occasion for consulting a psychiatrist) whose "neuroticism" manifests itself far less in what could be regarded as definite symptoms than in traits of character which are disadvantageous or disabling to their possessor, obstructive of or destructive to the individual's happiness, efficiency, and capacity to make a reasonably normal adjustment to his life circumstances—such individuals, in a word, and without citing more specifically from among the multitudinous examples, slight and grave, of these character anomalies and disharmonies, as are sometimes said in popular parlance to have an "unfortunate disposition," as constantly stand in their own light and get in their own way, as it might be crudely put, as seem, in the monotonous regularity with which they appear impelled to repeat some disadvantageous pattern of behaviour, to be pursued by some (apparently external, but, as becomes only too clear, in reality internal) Nemesis. For psychoanalysis, not only in a sphere of therapeutic effectiveness inclusive of considerably more than formally appellationed "nervous diseases" (among the commonest of afflictions though the latter are), but by virtue of the light it has succeeded in throwing upon the workings of the collective human psyche as manifested in mythology, folklore, anthropology, for example, has demonstrated beyond peradventure "the continuity subsisting between all the manifestations of human imagination, healthy or disordered," and has yielded an insight into the workings, "normal" and "abnormal," of that mysterious product of evolution, the human mind, greatly surpassing any insight previously possessed.

It perhaps completes the circle of "Psychotherapy and Psychoanalysis" to add that the newer has joined with the older, at least

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experimentally, in such work as that recently in progress at the Menninger Clinic. In this type of investigation, hypnosis has been combined, in certain selected cases, with a psychoanalytic technique, with the object of short-cutting the enlargement of the memory field which it is one of the prerequisite objects of the psychoanalytic process to bring about, although by other and more protracted means. It could be said that in this combination of the two techniques the hypnotic state is utilized as an adjunct to the analytic process in a manner having some analogy to the use in psychoanalysis of that other manifestation of the unconscious mind, the dream—which Freud called the royal road to the unconscious.

BIBLIOGRAPHY

- Ferenczi, Sándor: *Suggestion and Psychoanalysis* (1912)
Gill, Merton M., and Brenman, Margaret: "Treatment of a Case of Anxiety Hysteria by an Hypnotic Technique Employing Psychoanalytic Principles," *Bulletin of the Menninger Clinic*, 1943, VII, page 163
Hart, Bernard: *Psychopathology* (1927)
Janet, Pierre: *Psychological Healing* (1925) (London: George Allen & Unwin Ltd)
Jones, Ernest: *Treatment of the Neuroses* (1920)
Rivers, W. H. R.: *Medicine, Magic, and Religion* (1924)
Saussure, Raymond de: "Transference and Animal Magnetism," *Psychoanalytic Quarterly*, XII, page 194 (1943)

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THE PSYCHOLOGY OF RELIGION

ABOUT the end of the last century a number of noteworthy studies were published on the psychology of religion. They were for the most part contributed by American authors, among whom the name of Leuba should be singled for special pre-eminence. A great number of valuable observations were recorded, but of the general conclusions tentatively put forward the only one of outstanding importance was the claim, ably argued in particular by Coe and Leuba, that religious phenomena come within the orbit of scientific investigation.

The first definite point of connexion between psychoanalysis and the psychology of religion was a short contribution published by Freud nearly twenty-five years ago, in which he drew attention to the resemblances between religious ritual and the ceremonials of obsessional neurotics. The outstanding differences are plain enough, such as the social character of the one in contrast with the individual nature of the other, the tremendous differences in the sense of value, and so on. Nevertheless there are some striking resemblances, notably in the conscientious attitude towards both and the dread of conscience pangs if the acts are omitted. Freud's generalization that the obsessional neurosis represents an individual religiosity and religion a universal obsessional neurosis is of great interest, as well as his conclusion that both are dependent on renunciation in the field of primitive impulses, sexual or egotistic. In 1909 Rank pointed out that the virgin birth of Christ was merely one typical example of a series of similar beliefs which he could relate to certain characteristic infantile conceptions, and in 1910 Pfister showed, by the detailed study of a particular case, how closely parallel psychopathical and mystical manifestations may be. About the same time I was able to demonstrate, on historical and etymological as well as psychoanalytical grounds, the essential identity of the concepts of God and Devil, and to infer that, as the latter was derived from the emotional ideas investing the son's conflict with his father, that the former must also take its origin here; intensive study of the mediaeval Devil cult, as a parody of Christianity, permitted me to conclude that this religion was a conscious elaboration of unconscious gratification and solutions concerned

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with infantile incestuous conflicts. It was also possible to trace in detail the particular mode of the impregnation of the Virgin Mary to peculiar infantile conceptions of coitus. Shortly after these appeared Freud's famous study of totemism in which he enunciated his doctrine of the primal horde and brought the central ritual of Christianity into relation with the ceremonial parricidal cannibalism of the primitive savage.

Since those early days a great number of psychoanalytical studies of religion have been published by Reik (above all), Róheim, Levy, Löwenstein, Kinkel, Dukes, Money-Kyrle, and others. Some years ago I presented before the Eighth International Congress of Psychology at Groningen, a summary of the main conclusions reached by psychoanalytic studies on religion, and I will repeat here an abstract of these. After first discussing the vexed question of the definition of religion I remarked on the wide agreement that any comprehensive theory must take into account at least the following aspects of the problem:

1. Other-worldliness, the relation to the supernatural. This has been described as "the consciousness of our practical relation to an invisible spiritual order." The spiritual order is invested with the attributes of power and sacredness. The emotional attitudes towards it vary, those of dependence, fear, love, and reverence being the most characteristic; the first-named being perhaps the most constant. Propitiation is common, though not invariable.
2. The effort to cope with the various problems surrounding death, both emotionally and intellectually.
3. The pursuit and conservation of values, especially those felt to be the highest and most permanent.
4. A constant association with the ideals of ethics and morality. Religion is rarely found apart from these ideals, though they are often found, especially among civilized peoples, independently of religion.
5. The connexion between religion and the sense of inadequacy in coping with the difficulties of life, whether these difficulties be external or, more characteristically, internal ones such as the conviction of sin and guilt.

The central conclusion based on psychoanalytic research is that *the religious life represents a dramatization on a cosmic plane of the emotions, fears, and longings which arose in the child's relation to his parents.* This is a sentence which must remain without much meaning for those who have not taken cognizance of the modern study of the unconscious mind, but it is pregnant for those who have.

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The five aspects of the problem of religion enumerated above may now be commented on in that order.

1. Reliance to a supernatural spiritual order, characteristically to supernatural beings. The attributes of power and taboo connected with these, and the varying emotional attitudes, notably those of dependence, fear, love, and reverence, are all direct reproductions of the child's attitude towards his parents. The child's sense of the absolute as felt in its original attitude towards his own importance is, when it becomes impaired by contact with reality, partly continued as the anthropocentric view of the universe implicit in all religions and partly displaced, first on to the parents and then, when this also fails, on to divine beings; the earthly father is replaced by the Heavenly Father. The conflicts with the parents that necessarily arise during the process of upbringing, the essence of which consists in the regulation of—or interference with—the infantile sexuality (or child's love life, if the phrase be preferred), are for the greater part unconscious even at the time. They lead to repressed death wishes against the parents, with a consequent fear of retaliation, and from this comes the familiar religious impulse to propitiate the spirits of dead ancestors or other spiritual beings. The accompanying love leads to the desire for forgiveness, help, and succour.

2. All the emotional problems surrounding death arise, not from the philosophical contemplation of dead strangers, but from ambivalence towards the person's loved ones. Dread of death invariably proves clinically to be the expression of repressed death wishes against loved objects. It is further found that the themes of death and castration (or the equivalent withdrawal of the loved object) are extremely closely associated and that anxiety concerning indefinite survival of the personality constantly expresses the fear of a punitive impotence.

3. The primal self-love and self-importance of the child, which more nearly approaches the absolute than any other experience in life, is commonly displaced on to a selected portion of the mind called the super-ego, an ideal of what the ego longs to be as the result of its moral education. The sense of supreme values, of a rich "meaning" in life, which plays a cardinal part in all the higher religions, is a typical manifestation of this striving. It is, of course, related to the desire to be reconciled with God and to be approved of by Him.

4. The constant association of religion with morality is another aspect of this same feature.

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5. The sense of inadequacy in coping with life, Janet's "*sentiment d'incomplétude*," Freud's "inferiority complex," may appear in any aspect of life, physically, morally, intellectually, and so on. Psychoanalysis of the phenomenon, however, reveals a unitary origin, namely in the sense of sin or guilt aroused in the child in his endeavour to make all his impulses conform with adult standards. It is thus psychologically comprehensible that all manifestations of inadequacy, in whatever sphere, can be allayed by dealing with their origin by religious means; to be reconciled with the Father is the same thing as to obtain assistance from him. It is well known what a central part the conviction of sin plays in religion; without it, and the consequent necessity for salvation, the Christian religion, for instance, would be well-nigh emptied of meaning.

So much for the conclusions presented at that Congress, which naturally did not find them very acceptable. Let us now return to more general considerations. The comparative study of mythology and of primitive religious conceptions, such as totemism and animism, is a necessary introduction to the understanding of the higher religions, with which we are here chiefly concerned. From that study we learn that pure intellectual curiosity concerning the abstract nature of the universe must have played a much less prominent part in the genesis of those conceptions than was at one time thought. It is now known that they have far more to do with the emotional and conative (wish) of man's nature, that they mirror his mundane desires, hopes, and fears. They relieved various inner tensions, assuaged man's fears and distresses, and, by imposing various restrictions on his impulses, gave him a considerable sense of power in regard to the difficulties of life.

We cannot enter here into the vexed question of the genetic relationship between magic (continued into our days in the form of ritual) and religion proper. Nor can we discuss at length the delicate question of how to define the essential nature of religion. For present purposes it will suffice if I assert that this is probably to be found in the belief (with the accompanying emotional and conative attitudes) in another world than the visible one, another life than our earthly one, altogether in what is succinctly expressed by the German word *Jenseits*. The most characteristic element of this belief is the conviction that there exist one or more higher, powerful Beings and that man's life is not confined to his earthly existence—in other words, the beliefs in God and in immortality.

These beliefs represent assertions which from their very nature

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are hardly accessible to any process that we may disprove. Opinions differ widely about how far they are capable of proof and also about the extent of their intrinsic probability. What we have to consider here is the bearing psychoanalytical knowledge has on this obscure problem. Psychoanalysis, being a branch of science, must, in common with all scientific thinking, endeavour to distinguish between beliefs based on verifiable evidence and those largely independent of such evidence or in contradiction to it. But it has, in addition, two special contributions to make to the subject of theology, one of a general, the other of a specific psychological nature.

The first contribution is the evidence it can bring to show the extent to which apparently intellectual operations are influenced by unconscious processes, especially when they concern matters of great personal moment. Once mental processes of this kind are built up, the resulting product can be given a philosophical, spiritual, and intellectual facade which would impose itself as the whole structure. Conclusions formed in this way may or may not coincide with external reality, but their internal coherence is in itself no guarantee that they will.

The second contribution consists in a detailed application of this principle. The subject of religious beliefs compels investigations in many individual analyses, so that much knowledge has accumulated about their genesis and unconscious correlates. In addition, many exhaustive analyses have been made of the psychological significance of various religious beliefs, on the basis of theological and anthropological material examined analytically. A short account may be given of some of the more generally important conclusions thus reached.

The historical beginnings of religious beliefs are lost in the mists of time, for it is certain that even those of the lowest races now extant represent complicated distortions of still more primitive ones. The rudiments of the central beliefs singled out above are found widely dispersed among savage races. Human motives, good and bad intentions of all sorts, are imputed to various external phenomena, the winds, the tides, rain, thunder, and so on. This animistic peopling of the material world with human motives is a part of the process termed by psychologists "projection"; typically the ideas and intentions in question emanate from the unconscious. The spirits, which later become gods, may be either benevolent or malevolent or both; broadly speaking, the amount and frequency of malevolence show a gradual decrease as the religions approximate more to what is called the higher type. It would appear that in

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the former class, to begin with, the main attributes were those of protection and care (*Fürsorge*), i.e. those of kindly parents, rather than any particularly stern or moral ones. Side by side with this belief in spirits we find widely distributed the belief in certain places, areas, or objects out of which new-born life emerges to enter the mother's womb and to which the souls of the departed often return. These places may be finite sites in the neighbourhood or else imaginary locations in the sky. In these places, the germ of *the future heaven, dwell the ancestors to whom peculiar powers are ascribed*. Elsewhere in this book will be found a description of the curious system of totemism in which the ancestors are identified with particular animals towards whom a remarkably ambivalent attitude is exhibited: on the one hand they are revered as untouchable, whereas on the other hand in periodic rituals they are killed and devoured.

It is not certain whether the worship of gods or of goddesses came first, but it is certain that the latter is extremely ancient. It would seem to have been always closely associated with the wish for and belief in immortality. This latter belief would likewise appear to be extremely ancient—perhaps tens of thousands of years old, if we draw a fairly plain inference from the evidences of ritualistic belief to be observed in the grave-chambers of primitive men. The almost universal mode of securing this wished-for immortality was by inducing a process of rebirth. The rebirth itself was ensured by arranging the return of the dead person to various cavities that symbolized the mother's womb. From this point of view it is comprehensible that the practice should become identified with the worship of the great Mother Goddess. Psychoanalysis of the longing for immortality, or, put conversely, the dread of extinction, shows that *this is in large part dependent on the fear of what I have termed aphanisis, i.e. the extinction or non-fulfilment of sexual capacity, of which the commonest form is the unconscious fear of castration*. Psychoanalysis has also shown that this castration fear becomes readily associated in the unconscious, not only with ideas of death, but also with those of birth, so that rebirth symbolizes the most complete possible assurance against the dreaded calamity. The reader need hardly be reminded of what a prominent part is played in higher religions, especially the Christian one, by ideas of rebirth and salvation. Even in the loftier and more elaborate beliefs in heaven the attribute of security is perhaps the most prominent—the ideas of rest, consolation, and relief from all distress and unhappiness being very central. It is evident that this security and

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happiness is to be attained through love, love bestowed on one by the heavenly parent who has forgiven our sins against him and who thus grants us the blessings of reconciliation.

The theological statement that God is our Father appears to be fully justified in a psychological sense. Both militant atheism and devout belief in God can be equally traced to the child's earliest reactions to his earthly father (or to the idea of a father when the actual one is missing). The attributes of omnipotence, omniscience, and moral perfection are invariably ascribed to the father at one stage or another during the young child's growth; they proceed at least as much from internal necessities as from any external example or suggestion. Various repressions to do with the idea of the father, together with his obvious shortcomings when judged by so absolute a standard, lead to the attributes of perfection being abstracted from him and incorporated in an intangible figure. This, in a couple of words, is perhaps the gist of the mass of knowledge we possess about the development of the idea of Godhead.

All that we know about the history of this idea confirms the conclusion reached as to the identity of God and Father. It runs through all theological language and is there even extended to his representatives on earth, e.g. *Papst*, *padre*, *père*, etc. The attributes ascribed to him of omnipotence, benevolence, and sternness accord well with this view and can be shown to vary according to the variety of patriarchal culture obtaining in different epochs and peoples. It is noteworthy also in this connexion that ancestor-worship (i.e. worship of the super-parents) can alternate, as in the religion of Confucius, with that of the Deity. In India and elsewhere the original source of the worship has broken through to the surface by a process akin to what in psychoanalysis is called "the return of the repressed." I refer to the widely distributed phallic worship of the East. It is certain that this is not the lewd performance it seems to Western eyes, but is a solemn adoration of the source of power which in the child's unconscious is the starting-point of the feelings of awe, respect, fear, and admiration he entertains towards the father. It can be shown that the symbols commonly used there to represent the phallus, the serpent, erect stones, etc., are symbols not of the phallus *per se*, but specifically of the father's phallus.

Although in the higher religions the idea of the Deity has mainly incorporated the highest moral attributes, the virtues of love, chastity, justice, and so on, this position has not been won without a very considerable struggle. Apart from the many indications of

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human failings in the Hebrew Jehovah (his uncontrolled temper, jealousy, envy, etc), there are more extensive ways in which the deeply repressed wishes of the unconscious have come at various times to expression in this connexion. Among the sunny Greeks, with their relative freedom from the sense of guilt, we find the most extraordinarily forbidden crimes ascribed without misgivings to their Gods. Rape, seduction, lasciviousness, adultery, and over and over again all forms of incest are related of the highest gods without the Greeks' serene attitude towards them being apparently disturbed. More gloomy religions, such as the Hebrew and especially the Christian, found this combination of sin and respect quite incompatible, but, experiencing the same need as the Greeks to project upwards their repressed wishes, were impelled to choose another mode for so doing. They invented for this purpose a counterpart to God in the form of the Devil, to whom all these wickednesses could be ascribed and who was, in consequence, in violent conflict with God. Now, as I have mentioned earlier, there is the strongest reason for thinking that these two Beings were originally historically one, and that the separation has only gradually been effected. It is only within the past few years, indeed in our own lifetime, that there are signs of a generation of religious people arising who will find it possible to project their good aspirations, i.e. to worship God, while dispensing with the necessity of projecting their evil desires.

Over and over again the religious systems of the world have culminated in the worship of a Trinity, which has almost always consisted of the primordial figures of Father, Mother, Son. It can be shown in detail that the various beliefs and legends relating to these figures are throughout related to the unconscious conflicts that have to do with the members of the individual human family. In the Christian religion the figure of the mother has been partly replaced by that of the Holy Ghost, but the change has been effected from motives which are accessible to investigation.

All religion is founded on the idea of sin, i.e. the sense of guilt at not reaching a prescribed standard. Without this idea religion loses all meaning. All sin can be expressed in terms of disobedience to the Father (or even rebellion against Him), or else desecration of the Mother (and her attributes or substitutes). Now these are the two components of the primal Oedipus complex of childhood; incidentally, the Protestant and Catholic types of mind correspond with the component on which the accent falls. The subject of guilt has had to be investigated by psychoanalysis in very

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great detail, for it plays an important part in every individual analysis; the problems of neurosis, for example, are inseparable from those of guilt. A distinction can be drawn between childish guilt and its normal development into the adult conscience in which is incorporated all our moral and ethical standards; one speaks of an aesthetic and scientific conscience. This normal conscience is the heir of the Oedipus conflict of childhood. On the other hand, it commonly happens that errors in early development may prevent the normal evolution from taking place. Then there remains an excessive sense of guilt in the unconscious which is infantile and irrational in character and often morbid in its effects. The precise relation of the sin of religion to these two forms of guilt is too delicate a question for the answer to be given in a word. One can only say here that the lofty sense of spiritual value attaching to religious feeling and beliefs owes much of its importance to the fact that these at the same time fulfil the deepest cravings of the human mind and afford some appeasement to the unconscious moral tension. It is therefore not surprising that for many people they come to represent by far the most precious thing in life.

In the higher religions we may say that the chief part is played by the various complications arising from the endeavour to make peace with the father, i.e. to obtain forgiveness and reconciliation for the repressed wicked impulses of the Oedipus complex (father-murder and disobedience and mother-incest). There are two main ways in which this may be done and the distinction has given rise to two distinct types of religion, which may be termed father-religions and son-religions respectively. In the former we have pure monotheism, of which the Jewish people have always been the most consistent and pioneering exponent. Here there is no divine representative of the family whatever except the father, and all dealings with the divine have to be undertaken directly with Him. This is done by the familiar methods of prayer and contractual commandments. In the second type of religion, of which the most typical exponent is the Christian, there is a divine or semi-divine intermediary between humanity and the all-powerful God-Father. The part may be played by sanctified prophets, such as Mohammed or Buddha, but most completely by a divine figure who is himself the Son of God. As is well known, this Son takes over the burden of sin afflicting humanity and, by offering up himself as a vicarious sacrifice to the Father's wrath, secures the latter's forgiveness, reconciliation and love for the erring humanity he represents. The condition of this salvation being effective is that the sinner should on

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his side identify himself both with the divine Son, i.e. by believing, in Him, and with all others in a like case, i.e. all other believers. This identification re-establishes the loving harmony of the original family situation and abolishes all the jealousy, rivalry, and hostility latent in it.

Running through all religions is a curious combination of two opposite tendencies. The more obvious of the two is the way in which religion represents, directs and expresses the "higher" moral and repressing tendencies of the mind. It aims at securing control over evil impulses and to this end lays down a large number of prohibitions, the strictness of which varies greatly from age to age. From this side religion may be said to express in general terms the super-ego or ego-ideal of the individual and therefore the moral standards of the adored father from whom this ideal is largely derived. On the other hand, religion also provides an extensive outlet for tendencies of a very different nature which for either practical or moral reasons cannot find gratification in actual life. Psychoanalysis fully confirms the view frequently put forward in a general way that sexuality is one of the most important sources of religious feeling. This comes to clear expression in many of the lower religions and in the aberrant cults that from time to time are established in Europe and America. In connexion with the higher religions it is found in this open manner only in certain aberrations, such as the Black Mass or in the mediaeval Feast of Fools, etc., but in more veiled ways it plays an important and essential part in the central aspects of religion itself. Psychoanalysis can show by detailed investigation of the psychology of the various rituals and other manifestations of religious feeling that they contain an extensive, though concealed, gratification of repressed sexuality, principally of the infantile and therefore of the incestuous kind. The love for the father or mother, homosexual or heterosexual, including the incestuous roots of this love, find ample opportunity of an indirect and sublimated, i.e. no longer directly sexual, gratification in the various attitudes towards divine objects inculcated by religion. The gratification which the Greeks achieved by identification with the Gods, and projection on to them of their own repressed desires, is obtained in modern religions by various object-relationships toward the divine Beings themselves.

This contrast in the constituent elements making up religion is mirrored in its outward manifestations. It is not hard to distinguish here two broad groups, the ascetic and the affirmative. The characteristic of the former is the negative renunciation of end-

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less worldly and personal pleasures, often accompanied with the endeavour to impose on others prohibitions to the same effect and to persecute those who refuse to accept these prohibitions. The characteristic of the latter is the outlet it provides for positive feeling derived by sublimation from the most primitive instincts. This may be either purely personal, in the individual feelings in regard to the divinities, or of a more mass order where we find enthusiasms, philanthropic undertakings, and other expressions of love. It is this curious contrast in the constitution of religion that produces the numerous apparent inconsistencies and contradictions that afford food for the scoffer. The Christian religion, for instance, seems to many of its followers to be truly what it proclaims itself as, namely, a religion of love and brotherliness, but on the Jew in the Ghetto it has often produced a totally different impression, and when we read of such activities as those of the Holy Inquisition or the religious civil wars it is hard not to denounce its pretensions as grotesque hypocrisy. Yet both views are true in fact because of the double nature of religious origins. It was born in conflict and it lives in conflict.

To estimate the obviously enormous part that religion has played in organizing the capacity for sublimation on the part of mankind, and thus in raising its cultural *niveau*, is a task for others to fulfil. The special contribution that psychoanalysis can make to the understanding of the important and obscure problems presented by the phenomena of religion is the unravelling of the psychological determinants and motives on which its life depends.¹

BIBLIOGRAPHY

- Freud, Sigmund: "Zwangshandlungen und Religionsübungen," *Zeitschrift für Religionspsychologie*, I (1907)
Totem und Tabu
The Future of an Illusion (New York: Horace Liveright, 1928)
Jones, Ernest: *On the Nightmare* (New York: W. W. Norton & Co., 1931)
"The Madonna's Conception Through the Ear: A Contribution to the Relation between Aesthetics and Religion," *Essays in Applied Psychoanalysis* (1923)
"The Psychology of Religion," *British Journal of Medical Psychology*, VI (1926)
Zur Psychoanalyse der christlichen Religion (Wien: Internationaler Psychoanalytischer Verlag, 1928)
Pfister, Oskar: "Die Frömmigkeit des Grafen Ludwig von Zinzendorf," *Bericht über die Fortschritte der Psychoanalyse*, 1914-1929
Rank, Otto: *The Myth of the Birth of the Hero* (Nervous and Mental Disease Monograph Series, No. 1)
Reik, Theodor: *Der Eigene und der Fremde Gott* (Wien, 1923)
Dogma und Zwangsidee (Wien: Internationaler Psychoanalytischer Verlag, 1927)

¹ Much of the latter part of this paper is taken from a chapter entitled "Psychoanalyse und Religion," recently contributed to Federn and Meng's *Das Psychoanalytische Volksbuch*.

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It seems evident today, that many problems which belong to the social sciences not only can but must be considered from the psychological standpoint. The results of psychoanalysis and of non-analytic psychiatry and psychology are being consulted to an increasing degree by workers in sociology. Similarly, psychologists and psychiatrists, particularly the psychoanalysts, have encroached on the field of sociology. The psychological worker is also called upon when practical problems, such as education, criminology, morale, propaganda, and similar subjects are under discussion.

It could be expected that any psychology which is not limited to isolated expressions of the human personality, or to its superficial layers, as were some of the older schools, would eventually find itself faced with the task of explaining the relation of the individual to his social environment; on the other hand, every sociological approach must be based upon certain assumptions concerning the structure and behavior of the human personality. Sociology is, actually, a study of human behavior, even though it is limited to only one aspect. It is therefore perfectly plausible that sociology should find its base in the laws of psychology. The earlier concepts of society as used by the psychologist, and of human personality as used by the sociologist were highly schematic and, on this account, not particularly fruitful. These concepts rarely expanded beyond that point which would be arrived at by common sense under the conditions of an average education. Several sociologists, disappointed by the methods of scientific psychology current at that time, created a psychology of their own which better suited their needs. In this they followed the path taken by the pedagogues, criminologists and aestheticians who were handicapped by the absence of a body of systematic empirical knowledge of those personality functions which were relevant to them.

Not every psychology, not even that one which can produce correct and verifiable results, is qualified to answer the questions of social science. Many schools of psychology have completely disregarded the individual's social relationships. They speak of laws governing thought processes without taking into account the

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world to which thought refers; they speak of laws of affectivity neglecting the objects of the emotions and the situations which provoked them. In other words, they do not take into account the concrete objects in relation to which the behavior occurred, nor the roots of the behavior in concrete life situations. This is due to their studying the individual as if he were completely isolated from the world of social phenomena. The phenomena of group psychology are, therefore, completely inaccessible to this type of psychological approach. Such a separation of the individual from the world in which he lives is completely artificial. This tendency served as a severe handicap in the development of psychology also in many other contexts than those of its sociological application.

Freud and psychoanalysis gave the science a decisive change of direction. Surely, at the end of the last century, few students would have anticipated that the basis for a psychology of relationships between human beings would have come from a study of the neuroses. As it actually occurred, through the new approach to the problem of neurosis, an approach completely foreign to the atmosphere of the psychological laboratory, the entire complexity of an individual's relations to his fellowmen as objects of love, hate, fear and rivalry suddenly became the main focus of psychological interest, probably without Freud's having anticipated the direction which his work would take. As mentioned before, the approach to this field was through pathology and, beyond this, through the study of human instincts, their development, their transformations and their inhibitions. Since then, analysis has developed into a general psychology that includes also the analysis of normal behavior and of the other psychic instances. The fact, however, that psychoanalysis had this origin, that it began as a psychology of the "irrational" psychic phenomena and of the unconscious, or rather of the id, was, on the whole, decisive for its development, as well as for that of social psychology. It is evident that a psychology which analyses only an individual's conscious interests in power, social position, money-making, etc., ignoring the roots of these interests in the id, is bound to be too narrow to do justice to the extraordinary variety of social phenomena which require elucidation. Even many forms of behavior, which appear "rational," assume a different aspect when seen not as isolated phenomena but in the light of an individual's total behaviour. In psychoanalytic terminology we would say, they appear in a different light when we observe not only the ego-aspect but also the id and super-ego aspects.

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We may ask, in what form does the relation of an individual to his fellowman and to "Society" come within the sphere of psychoanalysis. In the first place, man's love-relationships in the widest meaning of the word, that is, from the sensual to the sublimated manifestations (friendship, for instance) and society's protest against many forms of sexual expression captured the interest of the workers in this field. Later, the science dealt also with other types of relationships, such as the aggressive tendencies and identifications, which became equally important in group psychology. The essential approach to the understanding of these phenomena, here as elsewhere in psychoanalysis, was the genetic. The study of the development of human object-relations has been one of the most important parts of analysis since the beginning. The way in which the child learns to choose and recognize objects, and the way in which these infantile object-relations, through repetitions, displacements, reversions and so on, influence decisively the love relations of the adult as well as his social relationships in professional and political life, constitute one of the major themes of analytical experience, which up to this time has not yet been fully exhausted. Here, I choose only one group of problems which appears to be a suitable basis for certain reflections.

The infant, from the moment of its birth (actually even earlier), is in constant contact with its social surroundings and for a long period of time its life depends upon these early contacts. But in the beginning the infant does not know any object in the psychological sense. The process of actually crystallizing objects follows a period in which there was a remarkable lack of differentiation in all reactions. The process occurs in close connection to the needs of the instincts on the one hand and to the development of the ego on the other. The recognition of the world of objects is partly based on the replacement (or modification) of the pleasure principle by the reality principle and is dependent upon the growing maturity and strength of the ego. Freud has found that the prolonged helplessness of the infant and his protracted dependence upon the adult world have two main consequences, which are important from the point of view of his development. This early dependence promotes a far-reaching differentiation between the id and the ego, and it furthers the possibilities of ego-maturation and the processes of learning. But this dependence also increases the importance of external danger as well as that of those objects who offer protection, to a degree unknown among the lower animals. Considering this complete dependence upon the care and protec-

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tion of others, it is natural that man's need for love and his fear of losing the love of the object is especially strongly developed.

It is evident that analytical findings of this kind are of great importance for the sociological subjects. At the same time when viewed from the angle of adaptation, maturation and learning, they present an essential field in the biology of man. The relationship of the infant to his mother, the institution of the reality principle, the changes in the types of instinct gratification, may all be described "biologically" as well as "sociologically." There are of course processes to which this does not apply, such as the instinct-and ego-constitution, maturation, etc. As a matter of fact, psychoanalysis is particularly interested, and for good reasons based on its concept of developmental psychology, in the psychological study of such "social" factors as have a "biological" importance as well. I am well aware of the vague character of these terms, and it might be best simply to state that these different fields can find their place in the framework of sociology as well as biology. If I concentrate here solely on the sociological approach, it is because my subject calls for it. I do not underrate the biological implications of these subjects.

The dependency and helplessness which are of such long duration in the child are phenomena which we see in all human beings regardless of their culture and civilization, even though when rigidly compared they may not be identical. The way in which the adult world deals with the fact, however, differs in different civilizations. Furthermore, given one civilization, the problem is not handled in the same way in all families, and in the same family there will be a variation from one child to the next. Among these factors, then, there are some which are constant and some which are variable. They do not at all coincide with the biological and sociological factors. One can arrive at average values, characteristic of any specific civilization in regard to the boundary between the two, or the manner, the degree and the time in which the impulses of the very young child are controlled by cultural influences, or the gratifications and frustrations which the child experiences during the process and the particular development of his ego, which reconciles with greater or less success the demands of the external world with his infantile needs. (This is true even though in each case other factors, such as constitutional and developmental, play a part.) As Freud made the results of psychoanalysis available to anthropology (this will be discussed later), one can in this context use anthropology in order to resolve

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analytic problems. Under the influence of psychoanalysis, anthropologists began to take into consideration the above factors and others belonging in the same sphere. It happened that, as in other social sciences, concepts based on analytic experience brought to light new facts and new relationships in the material, and that the new manner of asking questions evoked new answers which, in turn, became relevant in the psychoanalytic framework. The plasticity of the infantile situation and its limits, the degree to which it can or cannot be influenced by cultural factors, are best delimited by anthropological studies rather than by analyzing individuals of the same culture. In such problems anthropology has a certain experimental value and can, in certain cases, contribute material which will verify or negate psychoanalytic assumptions.

The historic quality of psychoanalytic thinking prevents analysis from being nothing else but a doctrine of "the nature of man," in about the same sense in which, for instance, the philosophers of the eighteenth century envisaged this problem. Psychoanalysis concerns itself with the modifications which changing conditions exert on generally human situations and attributes. Among these conditions, social factors play a unique role. Although we anticipate the presence of aggressive instinctual impulses in all people, we cannot conclude that one completely delineated expression of these impulses, making war, for example, should be inevitable in the history of man. The expression of basic aggressive tendencies is determined by factors which can change during the course of generations. On the other hand, a negation of all constant elements among those which can be demonstrated as influencing the process of becoming man is, of course, contradicted by experience. Psychoanalysis can go farther and demonstrate that the id, the ego and the super-ego offer resistances of different degrees to the influences of the external world and particularly to those of cultural factors. Psychoanalysis gives us an impression of the manner in which the ego and super-ego can be modified, and similarly it gives us a strong indication of the obstinacy with which the id opposes the influences from the external world. (I do not wish to discuss, at this point, the typical transformations of the id during the individual's development and the possibility of influencing the id by the therapeutic process of analysis.) In any case, I wish to emphasize not only that Freud fully recognized the importance of social factors in the development of character and neurosis but that he was the first to give them a scientifically comprehensible place in the diverse realms of psychology and psychopathology.

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It might perhaps be useful to group the great variety of ways in which the conduct of the individual can be affected by cultural factors, from at least two different viewpoints, starting with the layers of the personality on which these factors exert an influence. They can, along with other influences, co-determine the central structure of the personality, by provoking, for example, the early establishment of specific reaction formations, or they can co-determine the degree of severity of the super-ego or the degree of mobility of the ego. On the other hand, their effect can take place a little further away from the nucleus of the personality. Individuals with the same (or more correctly, with a similar) constitution and childhood history will, nevertheless, be driven into different developmental channels according to whether they belong to a society of one social structure or another and in this society to one or another social level, inasmuch as the frustrations and possibilities of sublimation etc., are characteristic of the society and the social level. (It is to be taken for granted that I leave out of consideration factors which are not psychological.) The effect finally is seen on the most superficial layer of the personality. These effects one does not see on the psychic structure nor on the way in which conflicts are resolved etc., but merely on the choice of rationalizations, the conceptual language, certain psychic contents, and so on. This distinction serves merely to make our problem concrete and to militate against a tendency to consider social factors equivalent in the face of completely dissimilar psychological connotations. There are, of course, transitions between the three groups of factors which we have mentioned. Another equally indispensable contribution to the organization of social facts according to their psychological significance consists of noting their specific effects on the id, the ego and the super-ego.

If we are, for example, confronted with the question: What are the cultural factors which exert an influence on the frequency and type of neuroses? one must take many of the above-mentioned groups of factors into account, according to their individual importance. The fact that neurosis is the specific result of a conflict between the instincts and the ego and super-ego remains the basic psychological characteristic of the neurosis, when it is considered etiologically. There are, however, transformations of the type of neurotic phenomena. Changes in the forms of neuroses, in occidental civilization during the last generation for example, suggest that the deep structure of the personality was modified by cultural conditions. Social factors play a part aside from this. This is

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proven by the fact that the same type of neurosis will have different implications for people living in different social and economic situations. Finally there is a difference in the symptomatology of the neuroses in different civilizations, which has to do exclusively with the content (the choice of the object of anxiety in the phobias, for example.) The relative importance of social elements, when compared with the other factors which exert an influence on the genesis and form of the neurosis, is a problem which I do not wish to approach at this time. I have brought up this example only to show in what way one must break down concepts like "Culture," "Civilization," and "Forms of Society," which are primarily not defined by the conceptual system of psychology but by that of other sciences, when one studies the inter-relationships between man and society.

I do not wish to continue in the direction of becoming increasingly specific in this respect, but I would like to focus on one general characteristic of these mutual relationships. Let us introduce this problem by a comparison with certain instructive observations which have to do with the theory of neurosis. We know that in hysteria the choice of the affected organ partly is determined by the particular physical characteristics of the organ. Freud described this as somatic compliance. But the facts which we have in mind here go beyond the domain of pathology and play a rôle in the psychological development of the normal person. Besides this, there is an analogous relationship between the individual's psychic structure and his social environment. This gives us the right to speak of "social compliance," by which we understand the fact that social factors must be also described psychologically in such a way as to demonstrate their selective effects; they operate in the direction of the selection and the effectuation of certain tendencies and their expression, and of certain developmental trends, among those which, at any given moment, are potentially demonstrable in the structure of the individual. These selective processes are present at every stage of human development.

We are, therefore, primarily concerned with the question: In what manner and to what degree does a given social structure bring to the surface, provoke or reinforce certain instinctual tendencies or certain sublimations, for instance? On the other hand, the way in which different social structures facilitate the solution of certain psychic conflicts by a participation—by action or in phantasy—with the given social realities, merits special investigation. Let us take an example which encroaches on pathology. Freud described a

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type of person (moral masochists) in whom morality is sexualized and in whom the usual conflicts between the ego and the super-ego are expressed regressively in social relations and against institutions in the outside world. Such people expect and invite suffering and punishment from parental representatives, from personal or impersonal authorities and from fate. Existing in an absolute authoritarian system, such a one as would be intolerable for other personality types, makes it possible for such a person to find a solution of his conflicts by utilizing reality.

There is then a large number of people in whom active social conduct does not represent a rational action but an "acting out," which is more or less neurotic, in relation to social reality. In this "acting out," they repeat infantile situations and seek to utilize their social conduct to resolve intra-psychic conflicts. A strong reliance on reality can also be used to overcome fear. It can but it does not need to have the character of a symptom. It also depends on the peculiarities of the social milieu, what conflicts and anxiety tensions are overcome by the social behavior. On the other hand, sometimes a modification of the social structure which limits this activity or which, for example, makes certain sublimated activities more difficult leads to a reappearance of those conflicts which were temporarily overcome and serves to precipitate a neurosis. (Naturally, this is true only where there were situations in childhood which predisposed the person to developing such a neurosis.)

The possibilities of adaptation of the same (or about the same) psychic structure can be different in different types of society, and among different social classes. A grade of the compulsive character, for example, which in a certain group or in the presence of certain institutions, manifests itself as a disturbance of adaptation, producing what we might call a social failure, can, under other social conditions, not only not interfere with the accomplishment of essential social duties, but can actually be responsible for them. Visualizing the problem along the lines which we have discussed up to this point, we can consider the different possibilities for resolving the conflict, and the different degrees of psychic stability which the social structure offers the individual. On the other hand, one can completely ignore the question of what is the contribution of the social environment on the elaboration of the specific behavior pattern, the resolution of conflicts and the degree of equilibrium achieved and ask another question: What are the social functions which are accessible, either easily so, with difficulty

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or not accessible at all, in any given social setting for any given personality structure, independently of the manner in which the personality structure was developed? (I limit myself here to the psychological side of the problem.) It is hardly necessary to point out that the question can only be answered *ceteris paribus*, as a large number of non-psychological factors, economic and others, participate in this process. Thus we can say: The relation between the individual and society can be characterized for specific types of people and for specific systems and strata of society not only as to the effect which the system exerts on the individual, but also as to the social functions which the system requires of him. The former consists of a coming-to-the-fore, suppression, and displacement of psychological impulses of the individual, insofar as these are being conditioned by society's influence. In the latter case one could speak of a kind of social selection and understand this as the displacements in the social environment which are accessible or forbidden to a given type of individual. This also could be considered under the heading of social compliance if one broadens this latter concept. Not only the first, but both questions must be answered in order that psychoanalysis can contribute something essential to problems like that, for example, of how in a given social system the selection of political leaders is likely to take place.

We are now at a point where one can consider the sociological application of the findings and points of view of psychoanalytic research. I shall attempt to sketch some of the premises, possibilities and difficulties of the analytic approach in relation to this scientific field. One can draw one conclusion from that which has already been said. A common argument against the application of psychology to sociology is that psychology can only understand the individual whereas sociology concerns itself with collective behavior. But this argument is valid only to the extent to which psychology excludes from consideration the relations between the individual and his environment, particularly his social environment. It is not valid when the mutual relations between man and his fellows in all their variations and shadings form the core of the observations and of the theoretical deductions as is the case in psychoanalysis. Moreover, sociologists today also use in increasing measure life history documents in their studies.

Another argument states that one cannot understand or, at least, fully understand social behavior if one does not take into account

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social reality around which the behavior is oriented. But a brief consideration shows that what we have said about the position of psychoanalysis in relation to interpersonal relations has a more general significance. This was only a special case of the way in which psychoanalysis understands the relation between man and reality in general. Human conduct is oriented to its environment and the psychoanalytic approach includes the structure of reality in its description. This is especially clear in Freud's last version of his theory of anxiety, which relates the internal danger to the external one, and in Anna Freud's description of types of defense which the child develops against the discomforts and dangers which threaten him from the outside world. I cannot go into the clinical material which forms the basis for the analytic point of view in these problems. We do not believe that one can completely explain the total behavior of an individual from his instincts and his phantasies. If we, as analysts, ask ourselves what are the causes of war and peace, or of a religious movement, if we ask ourselves why certain political leaders achieve power and why certain specific groups behave in one manner rather than in another in relation to the leader, we believe that we can contribute to the solution of these problems through our understanding of the reactions of individuals and types in concrete situations. But one cannot under any circumstances ignore or neglect the part played by the economic or social structure as partially independent factors. In applied psychoanalysis they take the place of "reality" in the sense which we have outlined and it would be completely senseless to deny their autonomy. This would be as if we were to overlook in our analytic practice the fact that the patient orients his specific behavior around his particular environment.

The contributions which psychoanalysis can make to sociology differ in significance and importance in the varying branches of the science. Scattered throughout Freud's papers we find many comments on this subject, some of which are very penetrating. In his paper, "Civilized Sexual Morality and Modern Nervousness," however, he for the first time explicitly and systematically presented his views on the relation of psychoanalysis to a sociological problem. The subject of the study concerned itself with the influence of cultural factors on the instinctual life and its significance in neuroses and perversions. Several years later he followed this paper with "Totem and Taboo." This book represents a more far-reaching attempt to apply psychoanalytic results to anthropology. The subject has to do with primitive man's fear of incest

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and the relation between taboos and ambivalence. The point of comparison here, in the first place, is the analytic psychology of compulsion neurosis. In relation to the problem of totemism he also finds in empirically well consolidated analytic practice an approach to sociological problems. This time it is the animal phobias in children and the Oedipal complex in general. His interpretation introduces a hypothesis about the very early history of men which centers around the killing of the father. Freud's second decisive contribution to sociology is presented in his book "Group Psychology and the Analysis of the Ego." The phenomena of group psychology are described here with the underlying hypothesis that in the transitory formation of the group members of the group replace the ego-ideal with the leader and, on this account, identify their own ego with those of the others. On the other hand, the new viewpoints arrived at during this work are utilized for an elaboration of the analytic psychology of the ego. Another series of Freud's studies also serves this double purpose, simultaneously explaining social phenomena and assisting in a broader development of psychoanalytic psychology. We see this in his later work, "Civilization and Its Discontents," which concerns itself primarily with relations between the aggressive instincts and civilization, yet at the same time gives a completely new insight into guilt feelings and into the fate of aggressions during the development of the super-ego. It would be impractical as well as unnecessary for me in this paper to go into greater detail to show the extraordinary fertility of ideas which appear in these works of Freud's. Suffice it to say that these ideas represent the first major invasion on a wide front of the psychology of the core of personality into the realm of the social sciences.¹ At this point I merely wish to emphasize that it was certainly not by chance that Freud, in his most important sociological works, selected these topics. They are in realms which can be clarified only through the fructification of a psychology of unconscious psychic impulses and "irrational" behavior. Furthermore, in the majority of situations which Freud described, we have to do with events which occurred not only once in history but which repeat themselves with essential elements remaining unchanged. We explain the fact that psychoanalysis (through the

¹ Here, as in other instances, I speak of social science in general, instead of confining myself to sociology, as in applying psychoanalysis to sociology we are confronted with problems that are of equal importance in its applications to history, anthropology, etc. Some such general problems may even be better elucidated in choosing examples from these other branches of social science.

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work of other analysts) can break the trail in understanding criminological and pedagogical problems partly by the same reasons.

Many other sociological problems, such as market research, advertising, political statistics, etc., will probably not gain as much from psychoanalysis. In these situations the human behavior under investigation stems in large measure from those layers of the personality which are not in the center of analytic interest and research. We shall come back to this. In the meantime, however, we wish to consider at what points, actually, one can interpret analytically the more complex social occurrences, and what are the prerequisites which make these analytic interpretations possible.

In theory, one should be able to utilize the results of personal analyses of which a large number are now available, in order to study many of the current sociological problems. Each of these analyses gives us an unparalleled insight into the intimate relations between the personality structure and the social structure. But the experiences of psychoanalysts in this respect up to this time have not been used in a systematic manner. There is another approach which psychoanalysis discovered very early and with which it could study civilization of diverse epochs. This invokes a study of the myths, collective symbols, and ideologies of a people which are accessible to analytic interpretation. Such analyses have advanced our understanding considerably in some situations, but in others it is difficult to visualize sufficiently clearly the actual social significance, distribution and function of these collective phenomena. Analytic study of social institutions frequently permits us in a sufficiently reliable manner to state what instinctual impulses, ego interests, or types of guilt feelings are satisfied by this type of institution. It is not infrequent that such an analytic interpretation contributes also to an understanding of the genesis of these phenomena. By means of such analyses one can throw more or less light on the psychic tendencies and the reaction types of members of the society to which these institutions belong. As a rule, a sociologic investigation is necessary for a reliable answer to the question: to what degree do institutions express the psychic tendencies of the individual members of a given society and what strata of society are represented in this way? An institution will sometimes satisfy the needs of the majority but it can also be imposed by a minority group, or on the other hand, it may have the part of a tradition which itself is maintained for psychological reasons, etc. But in this context we must also think of

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the phenomenon "change of function," inasmuch as certain social phenomena which originated as expressions of definite psychological tendencies can become the expressions of different tendencies during their historic development. Institutions which are built on tradition, even when they can be historically traced entirely or in part to the psychological trends of preceding generations, impose themselves on the individuals of the following generations as realities in the sense in which we described above. Frequently they continue to satisfy along broad lines the same psychological needs to which they originally owed their creation. But, as we have said, this does not always follow. It also goes without saying that the conclusions which one can draw from the overt political behavior of an individual concerning his motives or his personality structure will be different in a democratic system from what it would be in a totalitarian one and similarly, they are different in a modern dictatorship than they would be in one of earlier days. Something similar is true in relation to everything which we include under the heading of technical equipment, whose use characterizes a society. Psychoanalysis as applied to an individual makes it possible for us to understand the psychological significance of his utilizing one technical means rather than another to reach his goals. If one applies psychoanalysis to sociology, this direct source of information is lacking. Certainly even in this situation, it is frequently possible to draw conclusions concerning the underlying psychological tendencies from the means utilized. It goes without saying however, that it is impossible to conclude that the magnitude of the destructive force of war implements used in any one epoch will be in itself a direct indication of the relative aggressivity of the participating individuals. The relations between these two factors are not univocal. On the other hand it may be entirely possible to draw the conclusion on the basis of a preceding analysis of the historic situation, of the social structure and of the stage of technical development. This means that one must set up patterns which are as specific as possible at the same time as to their psychological and to their sociological aspects. These patterns then will permit us to apply to them our psychoanalytic findings concerning the forces and mechanisms acting under given circumstances.

After this discussion which was to elucidate the premises which in certain sociological spheres make an analytic interpretation possible, let us return for a moment to the differentiation which

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we mentioned above between sociologic problems which are more and those which are less accessible to psychoanalysis. In each situation in which human behavior is preponderantly rational one can predict the average person's response with a certain degree of accuracy without having to draw on psychoanalytic concepts. This applies to such situations in which the behavior is largely determined by the conscious or preconscious ego. Naturally one must also here explain the behavior psychologically. Nevertheless there are situations in which one can rather accurately predict the behavior, even putting the deeper layers of the personality in parentheses, as it were. Apart from this, in all situations in which the id, the super-ego or the unconscious part of the ego play an important rôle, sociological statements will be reliable only if they are based on psychoanalytic findings.

At the core of the analytic investigation one always found, and one still finds today, those psychological areas which have to do with human conflicts, such as the conflicts between conscience and instinct, the conflicts with the external world and so on. It was late in our analytic experience that we came to studying the non-conflictual development and the entire non-conflictual spheres of the ego and, when we did so, it was with some special points of view; psychoanalysis, for instance, studies the way in which the process of maturation, talents and also such ego interests which correspond to these factors, influence conflicts and their resolution. Accordingly, in applying psychoanalysis to sociological problems the theory of human conflicts is its most important contribution to this science. Furthermore, as we have found that conflicts and the resolution of conflicts can only be thoroughly understood if one includes the history of the individual's development, the genetic point of view must be an integral part of the psychoanalytic investigation. The question of stability of the character traits, for example, or the question as to whether or not one can expect a certain specific behavior from an individual, cannot, in many instances, be answered without the history. Frequently a cross-section does not permit of a prognosis yet the sociologist must ordinarily content himself with this. Generally speaking he cannot take conflicts and their resolution into account and will often limit himself in this investigation to a study of the individual's overt behavior. For many sociologists nothing but the actual social behavior seems relevant. Rather than consider the complex determinants for human behavior which have been demonstrated by psychoanalysis and which frequently go beyond con-

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sciousness, the sociologist works for the most part with a simple conscious motivation. We have already shown under what circumstances this can produce reliable results and under what circumstances it cannot. Many phases of human conduct which are relevant in psychoanalysis are peripheral in sociology and vice versa. Even if we want to state as a principle that sociology is based on psychology, we have to admit that the two realms have different centers. Despite this, recent work wherein sociologists and psychoanalysts collaborated in a common investigation, studying the same phenomena from both angles, has brought about gradual beginnings of a common scientific language. Some anthropologists who are analytically trained have begun to concern themselves in their field work and in their conclusions with aspects of primitive behavior which previously would have escaped their notice. Certain characteristics, which they probably would have ignored at an earlier time, now appear to them important in their descriptions. This is true also of historical research. Analysis can only be applied to its fullest extent after the historian has collected data in those spheres of life which appear to the analyst to be of greatest import in the development of the personality. The questions which the analyst asks the historian have to do with a mass of details concerning customs, habits, or fashions which guide the private life of members of an occupational group, a social class, a nation of a specific historical era. It goes without saying that the psychoanalyst is for instance interested in the various ways in which infants are handled. Up to this time historic research has brought us much too little data on the question of how, in the Middle Ages, the Renaissance or the Eighteenth Century, etc., the feeding, weaning and toilet training of the infant was managed, or in what way the parents and parent representatives handled the child's sexual and aggressive drives. Yet the analyst must rely on just this type of information, along with a great deal of other data, when he answers the historian's question. On the other hand, a whole series of correlations, which the sociologist meets in his work, such as those between the social status and the vocational choice or the sexual life, or the distribution curves of certain social attitudes in different nationalities and many other sociologic findings have an effect on psychoanalysis in that they clarify its conceptual system and stimulate it to revise and broaden its factual material. Seen from this point of view, the relation between psychoanalysis and sociology (and the social sciences in general) does not appear merely to be an exchange of

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findings but rather a dynamic process of mutual inspiration aiming towards new investigations which can prove fertile for both sides.

BIBLIOGRAPHY

- Alexander, F., and Healy, W.: *Roots of Crime* (New York, 1935)
Bernfeld, S.: *Imago* (1931)
"Culture and Personality, A Round Table Discussion," *Am. J. Orthopsychiatry* (1938)
Freud, S.: "Civilized Sexual Morality and Modern Nervousness," *Collected Papers, II* (London, 1933)
Totem and Taboo (New York, 1918)
Group Psychology and the Analysis of the Ego (London, 1940)
Civilisation and Its Discontents (London, 1939)
Hartmann, H.: *Intern. Ztschr. f. Psychoan.* (1939)
Jones, E.: *Psychoanalytic Aspects of Sociology* (London, 1924)
Kardiner, A.: *The Individual and His Society* (New York, 1939)
Lasswell, H. D.: *Psychopathology and Politics* (Chicago, 1931)
Journal of Sociology (1932)
Lowenfeld, H.: *Psychoanalytic Quarterly* (1944)
Mannheim, K.: *Man and Society* (London, 1940)
Roheim, G.: *Origin and Function of Culture* (New York, 1943)
Schilder, P.: *Journal of Social Psychology* (1943)
Waelder, R.: *Revue intern. de la théorie du droit* (1936)
Wittels, F.: *Journal of Criminal Psychopathology* (1943)
Zilboorg, G.: *American Journal of Psychiatry* (1943)

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PROBLEMS OF CRIME

IN every human being wild infantile desires are always alive; they form the nucleus of the unconscious. The unconscious desires are without limitation. There are aggressive and sadistic tendencies as well as primitive, perverse, infantile, sexual desires. In the average adult life, these primitive strivings remain in the sphere of the unconscious. The ego ostracizes them from the sphere of consciousness. But since they are alive and loaded with energy, they have a tendency to break through the system of repressions which is built up by the ego. The defence mechanism is not always strong enough and has not always a sufficient amount of energy at its disposal to overcome the rebellious infantile instincts which will then break through either as fantasies or as actions. They can break through as actions only when the defence mechanism and the ego capitulate. The ego will rarely capitulate when the primitive wish expresses itself in undisguised form; therefore, the primary instinct has to undergo changes. The sadistic tendencies will not appear, as such, in the consciousness, but there may be symbols which show that the defence mechanism, although weakened, still has the power to deflect the immediate expression of the impulses. There is, therefore, something in common between neurosis, perversion, and crime: all of them are the expression of infantile tendencies, and in all of them the defence mechanism has forced a change in the unconscious wish. It is fair to say, however, that in neurosis, the defence mechanism has been much more successful in changing the primary desire than in perversion and in crime.

But what is crime? We give a preliminary definition of crime as *an action which opposes the laws established by society*. If everyone would follow his instincts, life and property would not be safe. The wild instincts of one individual would endanger his fellow beings, and their reaction to his aggressiveness and untamed sexuality would make enjoyment of life utterly impossible. But there is another psychological basis for law. Its purpose is to do more than regulate interhuman relations. Human beings are threatened not only by their own kind; they are in continuous

* Died 1940.

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danger before animate and inanimate nature. The isolated individual is often helpless where even a primitive social structure can provide protection. There are necessities of life which force the individual to give up many of his demands.

Yet such rationalistic argumentation would be utterly insufficient. Resignation is forced on men by the external necessities of life, it is true, but also their own strivings and desires are not in harmony with each other. The strong tendency to aggression, the will to power, the tendency to destruction, the sadistic impulses, are counteracted in the individual by genuine love and tenderness toward his fellow beings. We are not only hindered by rational motives when we give up infantile tendencies; the fight of the ego system against the id is helped by forces which come out of the id. There are conscious as well as unconscious motives which force us to resignation.

Man, when he starts to act as a responsible, social person, does not face these problems for the first time. The period when he can take care of himself is preceded by a long period of helplessness in which he is utterly dependent upon the persons who give him shelter, nourishment, and love. During this period of dependence the persons who care for him force him to give up many of his primary tendencies. The child, in its important early development, is forced to be clean; it is made by coercion or by intimidation, to give up pre-genital and genital activities. This outward force and the fear of punishment provoke, sooner or later, the feeling of guilt. When a forbidden action takes place, the feeling of guilt is then the immediate expression of fear of that outer authority.

The punishments which are inflicted by the guiding powers in the early life of an individual are manifold. They may cause pain, they may withhold nourishment, and last, but not least, they may withdraw love, sexual satisfaction. When the child has sinned, it has a feeling of guilt which is relieved only after it has been punished and has regained the love of the parents. Therefore at times it wants the punishment. There is a need for punishment (Freud and Reik).

In the child, fear is therefore the motive which forces it to renounce the attempt to satisfy many of its instincts. There is no morality which is not superimposed by an executive power. *Law and morals are, therefore, identical for the child in this stage of development.*

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With the development of the Oedipus complex the child starts to identify itself with the father, with the mother, and with the nurses; the super-ego is formed. The super-ego is based on identification. The parents and their demands are now not only in the external world; they have become incorporated in the ego system of the child, and the internal super-ego demands and forbids quite as the external forces did before. This is, in a way, the beginning of "true" morality, the beginning of conscience and of a feeling of guilt which is independent of the fear of punishment. This new feeling of guilt exists not only when the child fears the punishment but also when there is no executive power there to punish it.

Conscience supervises the actions and tendencies of the ego and the id. "The feeling of guilt, the severity of the super-ego, is therefore the same as the severity of the conscience. It is the perception of the ego that it is watched and supervised in such a way. The appreciation of the tension between its tendencies and the demands of the super-ego and the fear of this criticising voice, the want of being punished, is a desire of the ego which has become masochistic under the influence of a sadistic super-ego."

"Repentance is the reaction of the ego when there is a strong feeling of guilt based on the anxiety which is in connexion with the guilty tendency or action. It is a punishment in itself and can include the need for punishment." Before the child has developed the Oedipus complex, it wants to be punished in order to escape the anxiety in connexion with the guilt. It feels also that it will regain the love of the parents after it has been punished. After the Oedipus complex and the super-ego are developed, the child wants to be punished not only so that it may regain the love of the parents, but also in order to be loved again by its super-ego. *What was primarily the relation between the parents and the child is now also the relation between the super-ego and the ego.* We cannot understand this whole development unless we recognize that the parents have built their own super-ego out of perpetual contact with society, and that the super-ego of the child is, therefore, also the reflection of the attitude of society.

The super-egos of generations form a chain which hand down the demands of previous generations to the super-ego of the child. But it is not the super-ego of the parents alone which regulates the process of education; the immediate actions of the parents, their ego, and the relation of their actions to their super-ego will also be of utmost importance. Although the basis for the super-

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ego of the child is laid in the period of the Oedipus complex, later experiences, the relation to teachers, leaders, and love-objects will provoke continual changes in its structure and its relations to the ego and the id. When there is a flaw in the construction of the super-ego, the repressive power of the ego system will be impaired. Wilhelm Reich justly emphasizes that a weakness in the super-ego will occur whenever there is a great character difference between father and mother so that the identification with both will provoke an unhomogeneous super-ego.

The demands of society, of the parents, and of the super-ego run parallel under ordinary conditions. The principles of law and ethics have characteristics in common in so far as they are both demands and orders. But the principle of law is made secure by an executive power, and the law-maker not only gives orders to the individual but also to the executive organ of the law. One may say with Jellinek that the law makes secure the minimum of ethics. We can understand that the feeling of guilt will be especially strong when we have acted against law and its executive powers, but we must understand also that there is a feeling of guilt which is based purely on the fear of the super-ego. When we act against law we act with consciousness. It is the ego which is responsible for the action.

The law punishes only what has been accepted and made into an action by the ego. But the influence of the super-ego reaches further. The super-ego is aware not only of our conscious tendencies, but also of the unconscious ones. In these unconscious tendencies there will always be wild and criminal instincts to provoke a feeling of guilt, and even this feeling of guilt must not necessarily be conscious: there exists an unconscious feeling of guilt. *Whenever there is an unconscious feeling of guilt, there will also be the desire for punishment, in order to make the ego and the id lovable to the super-ego and the child in us lovable to the parents in us.*

When a child is brought up by parents who have no respect for the laws of society, when it is brought up in a criminal atmosphere, a super-ego will be developed with criminal tendencies. Of course the super-ego developed in this way may be counteracted by parts of the super-ego which are built up by persons who comply with the demands of society, but an important weakness in one of the parts of the repression-mechanism will result. Criminal parents will, very often, play an important part in the history of criminals. But there may be other persons who have impressed

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the child, persons with whom the child identifies himself, and if they act against society, there will again result a weakness in the super-ego. Whenever there is a society which admires hold-up men and keen and reckless murderers, some of these characteristics will be reflected in the parents even if they themselves are not criminals. In some of their constituents their own super-egos will lean toward crime. These factors of *milieu*, therefore, play a part in criminal actions. We also speak of criminality based on the wrong system of identification or, in other words, the type of criminality that is based on the structure of the super-ego. When we have a weakness in the super-ego which allows criminal tendencies, the individual needs strength in order to defy the authority of society. A weakness in the super-ego system will very often lead to criminal action if the individual is self-confident enough and strong enough for it. This type of criminal, self-confident and strong, is certainly rare. Freud has it in mind when he speaks of "criminals of the narcissistic type." In this type there is no tension between the ego and the super-ego: the interest is chiefly self-assertion. The ego shows a great tendency to aggression. But when one studies an individual criminal carefully, even if he seems to belong to this type, one is apt to find that these factors alone were not sufficient to create a criminal action, but were abetted by other complications.

A murderer, twenty-three years old, who killed a watchman without apparent reason by forcefully stuffing cyanide down his throat, showed complete self-assertion in the examination. He did not repent what he had done. He said that he hated men and if he could, he would kill every man. He asserted that he had killed eleven other persons, some by strychnine and some by shooting; he would have liked to kill the examiner also if he could. The criminal was clever, intelligent, and had an education which surpassed the average education of his class. While his feeling toward all men was hate, he had tender feelings for women. He had spared the life of a man who, during the assault, surprised him when he begged not to be killed for his wife's sake, and the criminal's capture was partially the result of this act of grace. He had often had love relations with women but they were of short duration because they had been interrupted by jail sentences. Some of these women had hit him and even threatened him with knives, but he did not react to this. He was not very potent sexually.

This murderer had a long criminal record. From the eleventh year on, his life, with comparatively few interruptions, had been

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spent in reformatories and prisons. According to his own report, he had burglarized an enormous number of stores.

His early childhood showed that he had been cruelly and severely beaten by the man who lived with his mother—he was not sure whether it was his father. This hatred against the father or the substitute of the father had been transposed to every man. This man had sent him out to rob. The murderer readily supported his mother toward whom he showed tender feelings. If we are to believe his own history, he had attempted to kill this man when he was about eleven years old and had actually succeeded in wounding him.

When he poisoned his first victim, he enjoyed the queer cramps induced by strychnine in the victim. Before every murder he became restless. Before the last murder he had roamed around, aware of a heavy feeling on one side. He had not had intercourse for a long time and after he killed his victim he felt relieved and masturbated. He was disgusted with homosexuals. One of his sweethearts cut his sexual organ, after which his potency was improved.

This is only a very short report, but it shows clearly that in this criminal there was the influence of a father or father substitute, who forced the patient also into a masochistic attitude against which he revolted. He developed a partial identification with this man—the sadistic super-ego. One can easily see that in addition to the sado-masochistic trends there were strong homosexual tendencies present. The woman by whom he was beaten was a substitute for the man, especially when she had a knife.

The incomplete observation provided in the case history is not enough for further conclusions, but there is no doubt that the early infantile period, the sado-masochistic and homosexual tendencies were at least as important in the genesis of the final criminal actions as the influence of the *milieu*. There is evidence on the part the id plays in the genesis of the criminal. Alexander calls this type "neurotic criminal." There is, of course, no criminal type for which either the super-ego or the id is alone entirely responsible. But in the different cases we can find both the super-ego (*milieu*) and id, in varying quantitative measures, responsible for a criminal outburst.

Another case may help to clarify the problem. A thirty-three-year-old patient complains of an impulse to kill his children. He loves them and has no reason for wanting to kill them. He experienced the impulse for the first time when he already had

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three children. At first, he dreamed of lining them up and shooting them through the forehead. He was afraid that he would actually do it. On one occasion he went so far as to turn on the gas; the children were saved only by the fact that his mother came in for an unexpected visit. His thoughts drove him to such despair that he left his family. He also had the impulse to forge checks. Once he took money and went away, but came back with the full amount. He has been married thirteen years. His sexual experiences are limited. He thinks that his phallus is too small.

When he was a boy he committed several criminal acts. Three times he set houses on fire. In his childhood he was very much impressed by stories of hell and hell-fire. He felt that by killing them he would save his children from hell.

This is a rather casual observation, but it shows clearly that criminal sadistic impulses were at the basis of his compulsion. His compulsion almost broke through the defence of the ego system and became a criminal action. We do not have sufficient material for knowing why he set houses on fire, but it is clear that this is an expression of deep-lying, neurotic tendencies of early childhood. His mother was, by the way, an extremely exacting person and she often beat him severely when he did not come home on time.

This case shows that the border-line between neurosis and crime is not always a very sharp one. We have crime to deal with when the primitive impulses break through the repressions and gain the support of the ego. Certainly, the super-ego of the patient is opposed to the criminal tendencies. With Alexander, we may call this group of cases, neurotic criminals. Some of them are nearer to the neurosis; some of them, as the case first reported here, are further away from the neurosis. One may compare cases of the first type with perversions. We no longer believe that perversions are an expression of unchanged infantile sexuality. Perversions do not come from primary, homosexual, anal or oral, sadistic tendencies; they are the result of infantile neuroses. The criminality of our first case is certainly the result of an infantile neurosis. But this criminal fully submits to the aggressive, murderous tendency coming out of the infantile situation, whereas the second case fights, at least in his later development, against the criminal tendencies which are the product of his early development.

Whether or not a criminal impulse becomes a criminal action, is therefore dependent on the relation between the criminal instincts and the ego. When the criminal instincts obtain the sup-

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port of the ego, then we get, as a result, a criminal action. The super-ego and id are continually fighting for the support of the ego which has the power of final fiat and of fantasy and action. In the majority of neurotic cases this final consent of the ego is never given to criminal action. It complicates the situation in that the super-ego is based upon strivings coming out of the id.

One of my cases, a nineteen-year-old boy, had an enormous hatred against girls for about five years, and an impulse to kill them. As his impulse increased, he thought of the possibility of killing them. He felt that he was despised by girls. Deeper investigation revealed that his real hatred was directed against the father who very often whipped him cruelly and severely. Impressions of this kind go back to early childhood experiences. He felt an enormous hatred against the father; he wanted to kill him and afterwards to commit suicide. The older brother played a part similar to that of the father in his life.

The analysis brought out that this patient *desired* to be beaten by the father; very often he was disobedient in order to be beaten by the father. He struggled for the love of his parents and when he was unable to get it, he derived at least, the punishment and a masochistic satisfaction.

While he never committed any criminal action, he frequently worked up a rage while in the hospital, started to shout, to cry, to bang his head, until he was in a severe state of excitement. One of these states of excitement followed a scene in the hospital, during which he had masturbated in the presence of the other patients, who rewarded him with a cap and a dollar. But his reason for doing this was to make himself despised. In his outbursts, he shouted for days and days and he would not eat. His violence was never directed against other persons. His outburst was a self-punishment with a deflection of the aggressive impulses against himself. He acts on himself and gets the punishment out of himself. This self-inflicted punishment also satisfies a feeling of guilt he has because of his violent impulses against beloved persons. But they comply with his moral standards and also with the standards of society, which does not forbid sickness.

The neurotic criminal does not find his way in the outer world; he does not act at all or he acts in a symbolized way; his outbursts are symbolic murders. The defence mechanism is strong enough to prevent a criminal action. Whereas the criminal is punished in the outer world and so satisfies his desire for punishment and his masochism by the action which he provokes in others,

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patients of this group satisfy their masochistic tendencies by the suffering they inflict upon themselves, by their neurosis, by their feeling of guilt, and by their neurotic actions directed against themselves. In all of these cases, there are complicated processes going on between the super-ego, the moral personality, and the id. By the severity of the super-ego they satisfy their masochism, but masochism is also satisfied in the cases that allow themselves the criminal action which provokes punishment by society. Perhaps they would not allow themselves crimes or neurosis if they would not be certain of punishment.

In the cases reported there is no primary weakness of the ego—at least, the weakness of the ego is not apparent. But there are cases in which the criminal action is, to a great extent, based upon the weakness of the ego. In the beginning of general paralysis, the patients do not only let out their sexual impulses in a freer way, but they also satisfy their sexual tendencies in a way which is forbidden by law. Mentally deficient persons and border-line cases display an insufficient strength of repression; they steal and take whatever they want to take. Of course, they satisfy their desires, but that they do so freely is not the result of any particular complication in the structure of these desires or the super-ego. They are rather based upon the weakness of the ego, which is emphasized by an incomplete structure of the super-ego. Sex crimes of mentally deficient persons are indeed very common. We may designate this group as criminal actions based on the insufficiency of the ego. Alexander calls this criminality "toxic" or "organic pathologic." There is no question that in every action, id, super-ego and ego take part. When there is a toxic influence by alcohol, the weakness of the ego system will allow tendencies of the id to break through.

In the alcohol intoxications, perverted and criminal tendencies come to expression in an action which is based upon the whole conscious and unconscious system of strivings of the individual. Only the history of the infantile development will show us why the one person commits acts of exhibition and another homosexual acts when intoxicated. Even in the epileptic dreamy states, aggressivity and violent acts are often directed against those persons whom the individual dislikes even in his clean state. Every action of the individual is an action of an individual as a totality and as a whole. *The problem of criminology is not so much to determine why some people become criminals, but why so many are not criminals.* The criminal tendencies, the aggressive and the

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sexual tendencies, which are against the law, are present in everybody. What are the psychic forces which prevent those criminal instincts from becoming actions? Why are criminal actions comparatively rare even in persons afflicted with a serious psychosis?

I observed a forty-three-year-old woman who had never been in an institution before and had only made a queer impression a few days before her crime occurred. She said she had received an order from God to throw her only child, nine years old, out of the window. Action immediately followed. The child was killed. Immediately after that, she was clear and talked without emotion of the necessary arrangements for the funeral, but she was under the strong influence of hallucinations and illusions. In the days that followed, she became disconnected in her thoughts and expressed the desire to see her child. When told that she had killed her child, she did not react. Soon after she developed an infection in her mouth and died within a fortnight. Towards the end she continued to ask to see her child.

In this case, an enormous impulse coming out of the id overpowered an ego which was weak enough to give in, but strong enough for an action which shows, at least, some co-ordination. *We may draw the conclusion that criminal action is possible only in individuals who have retained some power over the ego, in whom there is an ego structure, strong enough to give an executive power to the criminal instinct.*

Psychoanalysis speaks of the synthetic function of the ego. Finally, the ego, in the psychoanalytic sense, is the expression of the unity of the personality. It is important for the dynamics of crime that the ego structure retain at least the possibility of a co-ordinated and more or less planned action.

What we call a crime is very often dependent on the casual structure of the society and its laws. Everyone who revolts against the structure of the society is a criminal, but there are personalities who, under the guidance of a well-adapted super-ego and ego, are able to overcome the executive forces of the law, and a political criminal of yesterday becomes the hero and leader of today and tomorrow. The possibility of the ego system to effect changes in reality will, in those cases, decide whether we deal with the criminal action or with an heroic deed. We have no right to doubt that these actions, also summarized by the ego, are based upon the libidinous development of the individual.

The attitude toward the father, coming out of the deep layers of the id, is one of the factors which determines whether the indi-

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vidual is a strong supporter of the present society or a revolutionary and founder of a future society (Federn).

The psychology of the criminal and criminal action is only one-half of criminology. What is the psychology of those who defend the law? What is going on in the judge who dispenses severe punishment? Do we not deal with a sublimation of the same cruel instincts which we found in the criminal? We know that the choice of one's profession is very often the expression of one's own infantile drives in a sublimated way. We have not yet insight into conditions which help toward forcing one person to become a criminal lawyer and another to be a prosecutor or judge.

The common connexion between the police and the underworld is, according to the general principles of psychoanalysis, a reflection of the fact that our moral tendencies in the super-ego and the immoral tendencies of the id are closely connected with each other. The judge who wants to be a good judge has to understand his own unconscious in order that he may not be too mild or too severe. The same question arises in regard to the law-maker and the law-making body. There is no question that the insight into reality which is psychologically represented in the ego, will have some part, at least, in the decision of the judge and of the law-maker. The id and the super-ego will certainly play no less important a part. The problem of the criminal is, after all, the problem of the society as such—to find the final integration among the justifiable wishes and desires of the individual, the interests of others and tradition, or the demands of outward reality.

Are we justified in punishing a criminal? Do we not satisfy, with the punishment, his masochistic tendencies? Do we not drive him deeper into his infantile attitude? Wittels and Alexander do not think that the punishment of the criminal is justified. All they want is that society should be protected. But by whatever methods we may protect society, the protection of the society constitutes a punishment for the criminal. He will derive satisfaction out of the punishment and will feel that after he has been punished, he will again become a beloved child. Hagel has said, "Punishment is the right of the criminal."

There is some justification in the so-called absolute theories of punishment. Psychoanalytic writers have very often protested against the idea of free will and responsibility of an individual, but even physicists no longer believe in absolute determination. There is an element of freedom even in inanimate nature. When we speak, in analysis, of the synthetic power of the ego, we mean,

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finally, that the personality is acting as a whole and that we should not deny that every action is a single and free act in this respect.

Psychoanalysis should teach us, as judges and law-makers, to see the deep similarity between ourselves and the criminal, and to prevent us from enacting our own criminal instincts in the punishment of the criminal. An understanding of the unconscious motives of the criminal will help us to cure him. Whether this cure will be possible without changing the injustice of our social life and sociological and economic distribution, is a question beyond the scope of this discussion. But even under the present circumstances, we can at least help the child who is in danger of becoming a criminal. Sometimes, this is possible even by changing his surroundings, but this change can be successful only when we have a deep psychological understanding of the whole libidinous structure of the child. In other cases, psychoanalysis will be necessary.

BIBLIOGRAPHY

- Alexander, Franz, and Staub, Hugo: *The Criminal, the Judge, and the Public*, trans. Gregory Zilboorg, M.D. (London: George Allen & Unwin Ltd.)
- Federn, Paul: *Zur Psychologie der Revolution* (Wien: Anzengruber Verlag, 1919)
- Freud, Sigmund: *The Ego and the Id* (Washington: Nervous and Mental Disease Publishing Co.)
- Civilization and Its Discontents* (New York: Jonathan Cape & Harrison Smith, 1930)
- "Über libidinöse Typen," *Internationale Zeitschrift für Psychoanalyse*, XVII (1931)
- Lorand, Sándor: *The Morbid Personality* (New York: Alfred A. Knopf, 1931)
- Reich, Wilhelm: *Der triebhafte Charakter* (Leipzig, Wien, Zürich: Internationaler Psychoanalytischer Verlag, 1925)
- Reik, Theodor: "Geständniszwang und Strafbedürfniss," *Psychoanalyt. Bibliothek*, XVIII (1925)
- Schilder, Paul: "Psychoanalyse und Recht," *Wiener mediz. Wochenschrift*, XXVIII (1929)
- Wittels, Fritz: *Die Welt ohne Zuchthaus* (Stuttgart, Berlin: Hippocrates Verlag, 1928)

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APPROACHES TO ART

I

WHAT are those things like, that under changing cultural conditions were endowed by contemporaries or posterity with the specific aura that the word art conveys? What have the men who made these things been like, and what has their work meant to themselves and to their public?

No one discipline of human knowledge can hope to answer these questions, and no answer can be satisfactory unless the questions are interrelated.

In the "heroic age" of psychoanalysis the general validity of Freud's hypotheses had to be established. Clinical material was scarce, and met with the objection that the findings were valid only within pathology; the study of documents of culture—foremost among them works of art—seemed a field where supplementary evidence could be obtained. Freud's predecessors in the study of man were not the neurologists, psychiatrists, and psychologists whose terminology he partly adopted, but the great intuitive teachers of mankind: the philosophers, writers, and poets, "the few" to whom it is "vouchsafed . . . with hardly any effort to salve from the whirlpool of their emotions the deepest truth to which we others have to force our way, ceaselessly groping among torturing uncertainties."¹ These men themselves and their work were also made objects of psychoanalytic interpretations. Three aspects were mainly stressed: first, the ubiquity in mythological and literary tradition of certain themes known from the phantasy life of the individual; second, the close relationship between "life history" in the psychoanalytic sense, and the work of the artist; third, the formal relationship between the working of the creative imagination of the artist, and thought processes observed in clinical study.

The very fact that certain themes of human conflict are recurrent wherever men live, or where certain common cultural condi-

¹ Freud, S.: "Civilisation and Its Discontent," *International Psychoanalytical Library*, No. 17, pp. 122 (London, 1929).

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tions prevail; that from Sophocles to Proust the struggle against incestuous impulses, against guilt and aggression, has remained a topic of western literature, seems, after almost half a century, as well established as any thesis in the social sciences. Nor does it any longer seem doubtful that what a man has experienced in his early childhood may, without his knowing it, become a recurrent subject not only of his dreams but also of his creative work. The hypothesis that Shelley's secret relationship to other men should be reflected in the themes of his poetry;² or that the child Leonardo longing for a mother from whom he was early separated should have led the painter Leonardo to prefer a smile in the face of his female portraits, seems highly probable to those who have access to evidence of similar processes in human life histories.³ The idea that artistic creation can be studied by the same methods that Freud used for his clinical work is ever more widely accepted. In fact, after half a century the relationship has been reversed: while Freud once attempted to show that the dreams of the hero in a novel could be interpreted like the dreams of a living individual, thus making explicit what the author had implied,⁴ some creative artists of our days have used "free association" as a training ground for creative thinking; others, as a mode of expression; and some among the Surrealists have assigned to their work the function of documenting the process of creation itself. When Freud first entered the field of his future discoveries he confessed his bewilderment at the fact that he, "a respectable neuropathologist," should find himself writing "case histories which read like novels"—a form of presentation, he added, required by the subject matter.⁵ After half a century novelists and painters not infrequently compete with the clinician.

Amongst the early approaches of psychoanalysis to the study of art, there was one that aimed at an explanation of artistic activity and its meaning to man. It was based on the observation that such activities, creative or "re-creative," provide considerable relief from tension by "a discharge of energies." An explanation of these observations seemed to be supplied by the concept of

² Read, Herbert: *In Defense of Shelley and Other Essays* (London, 1936)

³ Freud, S.: *Leonardo da Vinci, a psychosexual study of an infantile reminiscence* (New York, 1916; German, 1910).

⁴ Freud, S.: *Delusion and Dream* (London: George Allen & Unwin Ltd.)

⁵ Breuer, J., and Freud, S.: *Studien über Hysterie*, p. 140 (1895).

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sublimation, the most frequently misused of the Freudian terms.⁶ It describes the social aspect of the process of discharge of energy: an instinctual drive, which tends to a goal disapproved by society and by the individual's super-ego may be redirected towards an approved goal. Artistic activity offers opportunities for sublimation of impulses of various kinds. One may refer to the primitive gratifications in the handling of materials (color, clay, sound) or to the substitution of creation for procreation, and of construction for destruction.

The hypotheses enumerated here reach back into the time when psychoanalytic interpretations were more concerned with the ubiquity of motivations than with the specificity of phenomena in any given field. None of the hypotheses mentioned is specific of art: a newspaper report may be similar to patterns of phantasy life no less than a work of literature. All kinds of productive thinking follow the same general principles; all of man's activity is related to the experiences of childhood, and all activity directed towards socially approved goals is by definition "sublimation." In clinical psychoanalysis the quest for ubiquity has long since been supplanted by that for specificity. In the attempt to apply psychoanalytic concepts to other fields, similar progress has not always been evidenced.

Since the study of the "ego" has enlarged the vista of psychoanalytic approaches, interpretations have to be based upon an ever more complete set of data. Applied psychoanalysis can no longer be based on accidental information. While in various fields attempts have been made ultimately aiming at an integration of data, the psychoanalytic study of art has not generally advanced. Instead of selecting from clinical experience data which may here and there throw light on problems of art, I shall in the following pages attempt to develop some hypotheses concerning the problem of the "nature of art."

⁶ For divergent usages cf. Sterba, R., "Zur Problematik der Sublimierungslehre," *Intern. Zeitschrift für Psychoanalyse*, XVI (1930), pp. 370 ff., and Bernfeld, S., "Zur Sublimierungstheorie," *Imago*, XVIII (1931), pp. 404 ff., and more recently Roheim, G., "On Sublimation," *Psychoanalytic Quarterly*, XII (1943), pp. 338 ff. For a critical survey of the concept of sublimation in relation to art, see Levey, Harry, "A Critique of the Theory of Sublimation," *Psychiatry*, II (1939), pp. 239 ff., and the same author's comprehensive study: "A Theory Concerning Free Creation in the Inventive Arts," *Psychiatry*, III (1940), pp. 229 ff. For the specific relation between sublimation and destructive impulses see Sharpe, Ella S., "Certain Aspects of Sublimation and Delusion," *Int. Journal of Psychoanalysis*, XI (1930), p. 11 ff., and "Similar and Divergent Unconscious Determinants Underlying the Sublimation of Pure Art and Pure Science," *Intern. Journal of Psychoanalysis*, XVI (1935), pp. 186 ff.

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While in its first phase psychoanalysis redefined the division between normal and abnormal psychology, psychoanalysis "today" abolishes the spurious division between individual and social psychology. Psychoanalysis was, more or less explicitly, always concerned with man as a social being. Our hypotheses center around this point. They are concerned with the function of art as communication.⁷ Since no organized research in the psychoanalytic psychology of art has as yet been undertaken, these hypotheses are on various levels of precision and probability.

II

Psychoanalytic observation does not throw light on the puzzling question of natural gifts for art—either for certain skills, or for creative activity in general,—and cannot directly contribute to an understanding of the level of performance. It only partly answers the question of why an individual turns to art as profession or preoccupation; in the same sense as it only partly answers the question of why one child may experience certain deprivations without damage to his health in life, while identical hardships permanently affect another child. But psychoanalysis can elucidate the functions which in an individual life art may fulfill. The following model illustrates the reactions of a child to a traumatic experience. It does not describe a complete set of reactions nor even those dynamically most relevant, but should serve to clarify the function of art as communication.⁸

A huge Alsatian dog comes yelping at a little boy playing out-doors. The child is frightened by the creature's size and bark, and turns away, screaming for help. He may later elaborate this scene in many ways. In his play with his toys roles will be reversed, the boy will conquer the threatening enemy, tame the animal, and it may become his special friend and protector. The scene may occupy the boy's thoughts at night in bed before he turns to sleep. The dog may grow in size and shape. Dangers that he had experienced before and other thoughts, common to all little boys, may merge with the latest encounter. When these

⁷ For a more detailed statement of this point cf. Kris, E., "Probleme der Aesthetik," *Intern. Zeitschrift für Psychoanalyse und Imago* XXVI (1940, pp. 142 ff., cf. also Schilder, P., *Goals and Desires of Man*, *A Psychological Survey of Life*, pp. 244 f. (New York, 1942).

⁸ Our model is derived from a similar one used by Cyril Burt. See Burt, Cyril, and Others, *How the Mind Works*, pp. 268 ff. (London, 1933). For the clinical aspects concerning animal phobias and phantasy elaboration, see Freud, Anna, *The Ego and the Mechanisms of Defense*, pp. 73 ff. (1937).

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thoughts recur during the day, the boy relives the pleasurable experience of the conquest of danger in his daydreams. The delight of the triumph explains why play and daydreams can be repeated time and again.⁹

The influence of the traumatic experience described in this model may be more or less lasting; play or daydreams may continue for a long time. They may change their content and still bear the imprint of flight from, or conquest of, danger, and when the boy comes of age he may translate phantasy into action, and remain one of those who expose themselves to vicissitudes of many kinds and who relish the continual conquest of circumstances. Or else, the specific matter of play and daydream may persist, and cause him to become a fancier of pets or a scientific student of animal nature.¹⁰ These, and similar solutions occur in response to early traumatic experiences, and it is rarely possible to predict which one will be adopted. Clinical observation indicates, however, that the chosen solution serves many purposes at the same time, and is, as it were, the resultant of many forces.

Traumatic experiences do not presuppose an objective danger situation: there need not be a yelping Alsatian dog in order to arouse fear of big animals. Fear of big animals is frequent with little boys in urbanized civilization, as a convenient displacement of the ambivalent attitude to the father, in the Oedipal phase. The traumatic scene of our model is therefore itself the result of experiences rooted in the successive phases of earliest childhood, when the demand for love and protection, the response of the environment to these demands, and the striving for independence in the child, first mould the human personality.

We have mentioned but few of the possible reactions to the traumatic experiences of our model situation, omitting the pathological and the most normal. Little need here be said of the dog—or animal—phobia which might ensue as a transitory symptom or which might firmly establish itself, not to yield without treatment. The most normal solution concerns the child's contact with his environment. When the boy screams for help and the mother rushes to help him, he feels her love as a guarantee of future safety.

⁹ I here refer to functional pleasure, which I define as "a pleasure arising from a sense of mastery." Cf. Kris, E., "Ego Development and the Comic," *Intern. Journal of Psychoanalysis*, XX, pp. 77 ff. (1938).

¹⁰ For clinical material on the psychological genesis of predominant interests, see Lorand, S., "A Note on the Psychology of the Inventor," *Psychoanalytic Quarterly*, III, pp. 30 ff. (1934).

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In safety a new desire may arise: in search of admiration, the boy may speak of his encounter in order to ensure attention. At this point phantasy elaboration acquires its social function. Play or phantasy may be shared with a faithful companion or with a group of boys who may be led by the little hero. Phantasy play then turns into the game of the group and the pursuit of adventure may only in insignificant details reveal its origin in the traumatic experience of the group leader. He found followers because the emotions reverberating in his plan for the game were akin to their emotions. The solutions he invented met with their latent demands.

Leadership on this level has no relation to art. But should the boy turn, not to action but to contemplation, and develop his daydream in the form of an ordered account, he may find an audience willing to share with him the adventures of his tale. Were the activity of the story-teller analyzed at this point, it would be found to serve a multiplicity of functions: it is an attempt to gain control over the traumatic experience which, long repressed, still exercises influences; and at the same time it brings enjoyment in reproducing, with variations, the pleasurable experience of conquest. This reproduction is turned into a means of gaining contact with others by letting them share in the experiences under the story-teller's guidance.

The socialization of daydreams, the first step of "the nature of art" has been studied in a clinical context. We depart here from our model, briefly to summarize some tentative results.¹¹ There are individuals—normal in all essential respects—who never part from the habit of weaving their hopes and fears into "continued stories," to which they return whenever life inflicts frustration. However varied the stories may be, they not only contain a nucleus of recurrent themes, but they also share a common fate. The most refined elaborations which lead the hero to grandeur sooner or later become unusable. Once the plot is elaborated, the urge to reach the climax grows; and gradually the climax swallows up the story. The quest for immediate gratification destroys the product of inventiveness. In several cases, the analysis has led to the source of the climax: the phantasy with which the small

¹¹ Freud, S.: "The Relation of the Poet to Daydreaming," *Collected Papers*, IV (1934), pp. 173 ff. (German, 1908); Sachs, Hanns: "The Community of Daydreams," in the author's *The Creative Unconscious*, p. 1 ff. (Cambridge, Mass., 1942) (German, 1920 and 1924); Freud, Anna: "The Relation of a Beating Phantasy to a Daydream," *Int. Journal of Psychoanalysis*, V (1923).

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child used to accompany its auto-erotic practices. In the case of an adolescent girl, analysis of the phantasy opened the way for socialization: a daydream was cast into a novel, in which many experiences of the girl's life and many themes from her reading found entrance. The precipitation to the climax was replaced by a careful build-up of the plot: the daydream had been adapted to an audience.

Clinical experience of this kind does not suggest any general hypotheses on the birth of narrative gifts, but in one essential detail it confirms an impression shared by all who have ever studied art and artists: distance from immediate gratification is a precondition of any aesthetic experience.

If the boy in our model succeeds in a similar achievement, the age-old theme of child against beast may be transposed into a world where Mowgli lives, abandoned by man, protected by wolves, pursued by Shir Khan; the pet of the jungle and later its master.

At this stage the artist assumes a position of leadership. His message, the work of art, is not a call to common action, as is the nature of propaganda; nor a call to a common spiritual experience, linking communicator and audience to an ideal to which both submit, as is the function of the priest; nor does the artist teach his public in order to widen its insight. All this he may do. At any given time all or some of the arts may be more or less closely linked to the call to action or to religious or secular teaching. While some such links exist of necessity at all times, the specific meaning in which the word art is used in our civilization refers to another function: the message is an invitation to common experience in the mind; to an experience of a specific nature.

III

The special social position granted by most societies to those who exercise certain arts rests professedly upon two grounds: upon admiration of the artist's *skill* or upon awe or his *inspiration*. The artist appears either as a master of his craft or as genius. Which of the two views predominates, depends on an interplay of cultural and psychological factors. While the former cannot here be discussed, we gain access to some of the latter through the literary tradition on arts and artists in Mediterranean and western civilizations.¹²

¹² For the following cf. Kris, E., and Kurz, O., *Die Legende vom Kuenstler* (Vienna, 1934), where the material is presented, and Kris, E., "Zur Psychologie der aelteren Biographik," *Imago*, XXI, pp. 320 ff. (1935), where the psychoanalytic interpretation is given.

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This tradition sharply differentiates between the arts: to the Greeks of the classical era Phidias is the greatest of artisans and Aeschylus an inspired creator. Painters, sculptors and builders reach the status of "genius" later than poets and musicians and since the 16th century this differentiation has only gradually disappeared. Even when in the Renaissance recognition was given to the creative genius of painters and sculptors, they are generally mentioned together with technicians, inventors, mathematicians and scientists, as members of a group that investigates and controls the external world. The poet throughout the ages remains associated with the scholar, the philosopher and the sage, with those who know about man's history and his inner experience. This classification still dimly reflects mythological traditions. Painters and sculptors are descendants of cultural heroes. Experts in many skills, masters of many secrets of nature, these heroes competed with the Gods: Prometheus who created man, Hephaistos or Daidalos who created moving automatons of man; they and their counterparts in Nordic or Central Asiatic tradition were punished by the Gods for their transgression of divine prerogatives. These prerogatives are codified in biblical tradition, which knows the sculptor God, and condemns emulation. The interdict against art in Hebrew and Mohammedan, and the temporary and partial interdict in Christian civilization, are all based on the belief of the magic potency of imagery: according to this belief, which is widely spread over the earth, images give power over what they depict; and in the folklore of aesthetics the creator of the image is close to the sorcerer and magician.

Even where the belief in the magic danger of imagery has been partly overcome it may be reflected in the social status of the artist: with the Greeks and Romans the degradation is rationalized as social prejudice and the plastic arts are considered as slave labor; to the Greeks the artist is an artisan; Roman and medieval Christian tradition do not record his name.

The ramification of the belief in image magic can here not be traced. It suffices to mention that no story has more persistently been repeated during considerably more than two millenia than one invented by Duris of Samos (4th century BC): the work of the artist, has deceived his public, into taking it for "real." The survival of the belief in the magic power of the work of sculptors and painters is related to their position on the fringe of society in "bohemian" community. Thus isolated, they enjoyed a special recognition: they were the ones who had power over memory and

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in their image eternalized human shape. The elimination of this monopoly by the technological progress of the 19th century initiated a revolutionary period in the fine arts which extends into our own days.

The mythological and literary tradition concerning painters and sculptors is closely related to the psychological process active in man as painter and sculptor, if this process is studied in relation to unconscious tendencies contributing to it. In spite of considerable individual and cultural variations some common elements in this process may tentatively be summarized: the artist does not "render" nature, nor does he "imitate" it, but he creates it anew. He controls the world through his work. In looking at the object that the painter or sculptor wishes to "make" he takes it in with his eyes until he feels himself in full possession of it. He does not render a model; he re-projects the vision in his mind. Drawing, painting and carving what has been incorporated and is made to re-emerge from vision, is a two-pronged activity. Every line or every stroke of the chisel is a simplification, a reduction of reality to a symbolic level. The unconscious meaning of this process is control at the price of destruction. But destruction of the real is confused with construction of its image: when lines merge into shapes, when the new configuration arises, no "simile" of nature is given. Independent of the level of resemblance, nature has been re-created.¹³

This description of common elements in artistic creation, based on psychoanalytic observation of several individuals active in the figurative arts, gains in significance when we add what artists in insanity profess: some men who had gained recognition through their work expressed in their delusions the belief that what they created was living as God's creation. One of them felt that the gods had enviously recognized the artist's competition and persecuted him for his achievement.¹⁴ These and similar formulations in schizophrenic delusions manifestly state what as an unconscious motivation contributes to creation in the representative arts. If in the light of these impressions we turn to biographies and autobiographies of painters and sculptors which since the 16th century have become a recognized literary category, we find further

¹³ For some clinical examples, see Nunberg, M., *Allgemeine Neurosenlehre*, pp. 132, (Bern, 1932), and Kris, E., *Probleme der Aesthetik*, loc. cit.

¹⁴ For clinical evidence, see Kris, E., "Ein geisteskranker Bildhauer," *Imago*, XIX, pp. 384 ff. (1933). Cf. also "Probleme der Aesthetik," loc. cit., p. 158. The case referred to in this paper will be fully discussed in a special publication by E. Kris and E. Pappenheim. See also Nunberg, H., loc. cit., p. 100.

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confirmation in the metaphors and images used in learned discourse: As creator the artist controls the world. With imagery he exercises power over the mind of his public and is admired by his fellow men for this extraordinary ability.

The difference between the creation of figurative art and artistic activity in other media is rather one in degree than in kind. Artists in all media create a world. The nearer we come to the central psychological process of artistic creation the less relevant seem the differentiations. Thus what mythological and later literary tradition describes as prerogatives of the *poet*, is common prerogative of all creators in art. The mythological ancestry of the poet leads back into prophecy and priesthood. In the religious sphere we speak of revelation, in the poetic sphere, of inspiration. While the prophet discloses a divine message, the poet, as instrument of the gods, enjoys the freedom of treating subjects no other man dares approach; he has this privilege since he is not responsible as a man; another voice speaks through him.¹⁵

The word inspiration in modern usage refers not only to this popular belief but also in the complex psychological process in the artist's experience. It extends from the concrete sense—God "inspires" life into Adam's body—to the figurative: authority "inspires" a statement in the press. Common to all connotations is the relation to an external source. The artist frequently perceives his own thought not as such, but in a projection; the externalized thought seems to come from outside and to be imposed upon the artist. Many self-observations of poets and other artists throughout the ages have vividly described the "passivity" of this experience, its painfulness, but also the elation connected with it.

A better understanding of these experiences may be gained if we compare them with similar, though less marked ones, which attend many phases of productive thinking. Productive thinking does not rest with consciousness; preconscious elaboration always plays a part. We refer to preconscious processes in speaking of "the slow maturation" of thought or of "the productive timelag" between first approximation and final formulation.

When preconscious thought processes suddenly become conscious, the experience often suggests the influence of an external agent. Solutions of problems suddenly found at night are said to have

¹⁵ Kris, E.: "On Inspiration. Preliminary Notes on Emotional Conditions in Creative States," *Intern. Journal of Psychoanalysis*, XX (1939), parts 3 and 4, where the mechanism of inspiration is discussed in relation to clinical material.

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been "revealed" in dreams; more regularly "chance," the everyday edition of the divine, is made responsible for sudden insight. Thus the observation of the falling apple which brought to Newton's awareness the preconsciously elaborated theory of gravity, acted as an inspiring agent and was experienced by Newton as such.

The penetration from the preconscious to consciousness and the sudden rise of insight is a process of considerable emotional significance; reactions vary from relief of tension which leads to an easy flow of production to various degrees of joyful agitation and triumph.

In artistic production preconscious elaboration plays no less a part than in scientific thought; artists, too, are constantly in search of "problems" and their work consists of a sequence of problem-solutions. The uplift which may be felt when a preconsciously elaborated solution suddenly comes to consciousness is neither the only experience nor the experience most characteristic of artistic creation. More typical is a state of "semi-consciousness," which a tradition first formulated by Plato calls that of "productive madness."

Space does not permit quotations from the wealth of descriptions; we only briefly summarize what explanations of these states psychoanalysis suggests. "Productive madness" is a specific state of ego control in which unconscious material is freely accessible, and, in Freud's words, rises to the preconscious level; the subjective experience is that of a flow of thoughts or images driving towards expression in word or shape.

An understanding of similar processes was initiated in psychoanalysis, when Freud discovered the "primary processes" as the language of dream and delusion; that process in which many thoughts may be condensed into one sign, in which emotions become mobile, metaphorical expression retains literal meaning and the dangerous or the immoral is disguised in "symbols." In the structure of dreams not only the instinctual impulses and the repressed wishes of the id driving towards the primary process could be studied, but also the attempt of the ego to reorganize this chaos in semantics. This attempt Freud calls "the secondary elaboration" of the dream; it is an attempt to mould the turmoil of thought into a more or less sensible story. The secondary elaboration of the dream seems to provide us with a model of what the function of the ego in the state of inspiration is like. We do not point to the obvious similarities but rather to the differences: while in dreams the manifest content aims at concealing the latent

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thought of the dream, in artistic creation the ego function has the additional goal of moulding thoughts into a form which will be understood. It is not the simple form of everyday communication. Some of the characteristics of the primary process are preserved; words in poetry have a fuller meaning; one word may have several connotations; and the sequence of words has meaning beyond the rule of grammar; metaphors have a preferred place and symbols of many kinds stand for long chains of associations. The formulation may succeed at once and the expression satisfying to the artist may emerge ready made, or the artist may have to struggle for a solution. These extremes and many intermediary modes have repeatedly been described in observation and self-observation.

Psychoanalytic material suggests one essential addition: wherever artistic creation takes place the idea of a public exists though the artist may attribute this role to one person only. He may minimize its importance, express conscious indifference, or have eliminated the consideration for an audience from his consciousness altogether. But wherever the unconscious significance of art is studied, a public emerges. This does not mean that a striving for success, admiration, and recognition is the goal of all artistic creation. On the contrary, artists are more likely than others to renounce public recognition for the sake of their work. Their quest is not for approval of the many but for response by some; the acknowledgement by response is essential to confirm their own belief in their work.

His work means more to the artist than the product of their labor means to other men. The relationship of the artist to his work is complex and subject to many variations. In the typical case the work becomes part of and even is more important than the self. In psychoanalytic terms we speak of a shift of narcissistic cathexis from the person of the artist to his work.¹⁶

If this shift outlasts the process of creation the work gains a permanent place in the artist's life, and we speak of the artist's work as of his child. In extreme cases the artist may find it difficult to part from what he created. If the shift of interest lasts only while the work is being produced the artist may look upon his earlier work with moderate curiosity and detachment; or the work may become dissatisfying, unbearable evidence of failure. Psychoanalytic observation suggests that such unfavorable judg-

¹⁶ For further discussion, see Sachs, H., loc. cit., and Levey, H., loc. cit.

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ments are no less than the favorable ones directed against the artwork as part or substitute of the self.

But whatever the issue when the artist looks upon his work, he becomes part of his public. While he creates, in the state of inspiration, he and his work are one; when he looks upon the product of his creative urge, he sees it from the outside, and as his own first audience he participates in "what the voice has done." Art, we said, always, consciously or unconsciously, serves the purpose of communication. We now distinguish two stages: one in which the artist's id communicates to the ego, and one in which the same intrapsychic processes are submitted to others.

The state of productive madness in which the ego controls the primary process and puts it into its service sharply contrasts with an opposite case when the ego is overwhelmed by the primary process. This is the case of "real madness." Artistic productions, or more correctly, productions in the nature of art by insane artists throw new light on the psychology of art. Only one aspect can here be mentioned: while in initial phases of some psychotic states productive power increases and the works of art produced at this stage are frequently most significant to the public, what is produced at more advanced stages of the psychosis may lose its meaning for the public. The endless stereotypical variations of one theme, in words or shape, may, however, gain for the insane a new and secret meaning, which remains unintelligible to others.¹⁷ Case histories suggest that these productions are no longer meant to influence the mind of an audience but that they are meant to transform the external world. By his word the insane artist commands the demons and by his image he exercises magic controls. Art has deteriorated from a symbolic function to one where it is part of sorcery and action.

IV

No communication can be effective unless it is based on what the communicator and his audience have in common. Effectiveness of communication however is no guarantee of adequacy of understanding. Any empirically based psychological study of art

¹⁷ For more detailed discussion and further evidence, see Kris, E., "Bemerkungen zur Bildnerei der Geisteskranken," *Imago*, XXII, pp. 340 ff. (1936), and "Probleme der Aesthetik," loc. cit. The substitution of aesthetic by magic function in a process of regression has a counterpart in a process of substitution of magic by aesthetic function in progression. For a detailed analysis of one example, see Kris, E., and Gombrich, E., "The Principles of Caricature," *The British Journal of Medical Psychology*, XVII, pp. 319 ff. (1938).

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will have to start from this question; in a crude and preliminary approach we here choose current misunderstandings of art as our starting point.

A child of five is taken to a play in order to see his grandfather, a famous actor, in the part of a tyrant who is killed on the stage. In the fatal moment the child breaks out with the cry: Grandpa is dead. The child in this instance has missed the aesthetic illusion; it did not realize the difference between the stage and real life; or, more correctly, at a point where fear and aggression rise, the difference was blurred.

The adolescent who puts a postcard of Venus on his wall knows the statue as a work of art. His preference for it may, however, have little to do with art; the statue of him is a "pin-up" girl; under the protection of the aesthetic illusion he can gratify sensual pleasure.

A reliable witness from the Pacific theatre of war reports the following experience: A captain of a marine detachment heard from one of the outposts the dim noise of voices. Though the enemy was at safe distance, a gathering of several men required the captain's attention. He approached the spot and found one of his men with a radio set, tuned in to an American shortwave station. The captain reported that he hardly asked himself whether or not such listening while on outpost was permissible; he found himself listening and, within a short time, engrossed in the story: it dealt with outposts of marine detachments, waiting on a Pacific island for a Japanese attack. No clearer example of "vicarious participation" is known to me; safety in the aesthetic illusion protects from the danger in reality, even if both dangers should be identical.

From here a way leads to the question how, in art, we derive pleasure from the unpleasant. Art, it is said, releases unconscious tensions and "purges" the soul. This view is frequently ascribed to Aristotle,⁹ and considered the common denominator between his theory and that of Freud who, for the first step in psychoanalytic therapy, adopted the Aristotelian term: kathartic. But neither Aristotle nor Freud had only this in mind.¹⁸

¹⁸ Cf. Freud, S., *Beyond the Pleasure Principle*, International Psychoanalytic Library, No. 4, pp. 16 (London, 1922). "The dramatic and imitative art of adults which differs from the behavior of children in being directed to the spectator does however not spare the latter the most painful impressions, e.g. in tragedy, and yet can be felt by him as highly enjoyable. This convinces us that even under the domination of the pleasure-principle there are ways and means enough of making what is in itself disagreeable the object of memory and of psychic preoccupation. A theory of aesthetics with an economic point of view should deal with these cases ending in final pleasure gain."

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"Tragedy," says Aristotle, "is the representation in dramatic form of a serious action, of a certain magnitude, complete in itself, expressed in agreeable language, with pleasurable accessories, with incidents arousing pity and fear, wherewith to accomplish its catharsis of such emotions."

While we cannot comment in detail upon this definition, it clearly stresses the complexity of art, which no approach to art can overlook. In reacting to art we react to this complexity. The vicarious participation in the hero's adventures, the identification with the hero represents the least adequate reaction to art; it is the response to the thriller. This level on which the complexity of the art work is lost, may be contrasted to others that have this in common: the public puts itself, at least for a moment, in the artist's place, identifies unconsciously with him to however slight a degree. He who hums verse or melody, he who has absorbed a picture and can see it with closed eyes has himself become poet, musician, or painter.¹⁹ If this identification is not unconscious, but conscious, then the member of the public becomes the connoisseur or critic.²⁰

Most works of art are addressed to an expert audience. Under certain cultural conditions a whole community may be expert: in primitive tribes everybody knows how to carve and yet the best carver is known as the artist. It seems, however, that such collective expertness exists only if the function of art is not limited to the aesthetic sphere, and also serves purposes of ritual, religion, or politics. The opposite extreme exists in urbanized civilizations where art-lovers form elite circles, distinct in social status, mores, and even language. No art ever has a homogenous audience. The audience always is stratified in degrees of understanding: there are those who come close, those who remain on the fringe,—and those who pretend. And there are art works of various degrees of depth.

In great art the superficial gratification which a first approach affords to the public may only be a bait; the artist, as it were,

¹⁹ Works of art of different kinds produced under different cultural conditions may in various degrees invite active response of the public which we here explain as unconscious identification with the artist. This naturally does not refer to the biographical person of the artist but to what Benedetto Croce calls "the aesthetic person of the artist," i.e. the artist as creator of the art work. When in the 17th century preference turns to sketches and so incomplete works in the representative arts, when in modern poetry many alternative meanings of a line are suggested, active response is more strongly invoked than by Byzantine paintings or by Racine's verses. We are here dealing with a criterion of style.

²⁰ Most statements on reaction to art come from critics: the study of responses to art is incomplete if the psychology of the critic is not taken into account.

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draws his public closer into his net. One stands on the fringe and gradually moves to the center. On a third reading, the plot is of but little interest, and the fascination turns to active response. The formal qualities then become important and the question arises "how the artist has done it."

Various observations suggest that on the level of unconscious identification with the artist, a psychological process comes into being, akin to that experienced by the artist in creation; but as we are dealing with re-creation, the process is reversed in order. It proceeds from consciousness, the perception of the art work, to preconscious elaboration and to the reverberations of the id. From what little study of similar processes has been made, it appears that the core of the process lies in the shift of cathexis between the psychic system and in the function of the ego during these shifts. In a first phase the ego relaxes control, i.e. it opens the way to an interplay with the id. This phase is predominantly passive: the art work dominates the public. In a later phase, the ego asserts its position in re-creation. In doing so, it does not only ward off fear of the demands of the id and of the pressure of the super-ego, but controls the flow of mental energy. This flow of mental energy in the various stages of reaction to an art object is experienced as pleasurable, and the theory of the cathartic function of art can here be supplemented. On a first level, the flow of emotions in the safety of the "aesthetic illusion" is pleasurable; on a second level, the change of cathexis itself, accompanied by a sense of control, is experienced as delight.²¹

The various fluctuations in the distribution of this energy in reaction to art have not yet been studied in detail. The nature of only two of these fluctuations is familiar: the reaction to the comic leads to a diminution of tension; energy is frequently discharged in laughter. The aggrandizement of this process is the manic state. In reaction to the sublime, to "psychic greatness" (Freud), the tension rises; the investment of psychic energy is greater. The aggrandizement of these states is ecstasy, a state close to the "productive madness" of the artist.

BIBLIOGRAPHY

- Bernfeld, S.: "Zur Sublimierungstheorie," *Imago*, XVIII (1931)
 Breuer, J., and Freud, S.: *Studien über Hysteria* (1895)
 Burt, Cyril, and Others: *How the Mind Works* (London: George Allen & Unwin Ltd., 1933)

²¹ For an elaboration of this viewpoint, see Freud, S., "The Economic Problem of Masochism," *Collected Papers*, III (1933) (German, 1924), and Kris, E., "The Psychology of Caricature," *International Journal of Psychoanalysis*, XVII, part 3 (1936).

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- Freud, Anna: "The Relation of a Beating Phantasy to a Daydream," *Int. J. of Psychoanalysis*, I (1923)
- Freud, S.: *Civilisation and Its Discontent*, International Psychoanalytical Library, No. 17 (London, 1929)
- Leonardo da Vinci, *A Psychosexual Study of an Infantile Reminiscence* (New York, 1916)
- "The Relation of the Poet to Daydreaming," *Collected Papers*, V
Beyond the Pleasure Principle, International Psychoanalytical Library, No. 4, (London, 1922)
- "The Economic Problem of Masochism," *Collected Papers*, III
- Kris, E.: "Problems of Aesthetik," *Intern. Zeitschrift für Psychoanalyse und Imago*, XXVI (1940)
- "The Psychology of Caricature," *Int. Journal of Psychoanalysis*, XVI (1936)
- "Ego Development and the Comic," *Ibid.*, XX (1938)
- "On Inspiration, Preliminary Notes on Emotional Conditions in Creative States," *Ibid.*, XX (1939)
- "Zur Psychologie der älteren Biographik," *Imago*, XXI (1935)
- "Ein Gesteskranker Bildhauer," *Imago*, XIX (1933)
- "Bemerkungen zur Bildnerie der Geisteskranken," *Ibid.*, XXII (1936)
- Kris, E., and Gombrich, E.: "The Principles of Caricature," *British J. of Medical Psychology*, XVII (1938)
- Kris, E., and Kurz, O.: *Die Legende vom Kuenstler* (Vienna, 1934)
- Levey, Harry: "A Critique of the Theory of Sublimation," *Psychiatry*, II (1939)
- "A Theory Concerning Free Creation in the Inventive Arts," *Ibid.*, III (1940)
- Lorand, Sándor: "A Note on the Psychology of the Inventor," *Psychoanalytic Quarterly*, III (1934)
- Nunberg, H.: *Allgemeine Neurosenlehre* (Bern, 1932)
- Read, Herbert: *In Defense of Shelley and Other Essays* (London, 1936)
- Róheim, G.: "On Sublimation," *Psychoanalytic Quarterly*, XII (1943)
- Sachs, Hanns: *The Creative Unconscious* (Cambridge; Sci-Art, 1942)
- Schilder, P.: *Goals and Desires of Man* (New York, 1942)
- Sharpe, Ella S.: "Certain Aspects of Sublimation and Delusion," *Int. J. of Psychoanalysis*, XI (1930)
- "Similar and Divergent Unconscious Determinants Underlying the Sublimation of Pure Arts and Pure Science," *Ibid.*, XVI (1935)
- Sterba, R.: "Zur Problematik der Sublimierungslehre," *Intern. Zeitschrift für Psychoanalyse*, XVI (1930)

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ONCE there was a man who set out to seek a lost she-ass, and found —instead—a kingdom. Once a neurologist set out to cure his neurotic patients, and enriched all humanity with his findings. It certainly cannot be gainsaid that the literature of our times has also been revolutionized by psychoanalysis. The motives which Freud introduced into human psychology offered totally unexpected, hitherto unexplored possibilities, and poets and writers throughout the civilized world eagerly seized the opportunity to incorporate in their writings motives which they had always unconsciously felt but never consciously expressed.

Freud and his school have analyzed a long line of these motives (technically called complexes or mechanisms), endowing them with names taken from the great tragic figures of Greek mythology and drama. Here are the archetypes of the human family, and all of them can be reduced to the most primitive of all triangles—father-mother-child. The boy who desires his mother and nourishes destructive, jealous ideas against his father: Oedipus complex. The girl who wishes to share the life of her father and hates her mother: Electra complex. I use this term, although Freud himself prefers not to accept the name of Electra as a symbol of what he calls the feminine Oedipus complex. Oedipus killed his father and married his mother. Here the primeval triangle is untroubled by side issues. In the tragedy of Electra there is the adulterous couple—her mother and her mother's lover who kill Electra's father—and Orestes, the brother of Electra, who later kills his mother; thus, five persons instead of three are the protagonists of this intricate plot. The Greek playwright needed a trilogy of five-act plays in which to develop fully the deed of the adulterous wife, the deed of Electra, and the deed and atonement of Orestes. For this reason Freud's clear, precise mind rejected the term "Electra complex." Seemingly, however, usage has decided against him, and the Electra complex has passed into the working terminology.

During the first two decades of psychoanalysis, we neglected, perhaps, to lay enough emphasis on the fact that parents are frequently beset with mental conflicts concerning their own children. These instincts and emotions, if repressed (the situation is the obverse of

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the child-parent relationship), inevitably reappear from the depth of the unconscious in the form of distorted reaction formations. Herein lies the very essence of a complex. Due to the humiliating, frequently revolting qualities of the original passions, the conscious refuses to admit them, and they are thrust into a dark corner where they nevertheless continue to perform. There is the mother who is not aware that she hates her rapidly maturing daughter as a potential rival who represents the waning of her own attractiveness, and this hatred eventually manifests itself in some form of cruelty, though only in name and within the limits of the so-called necessities of education. We call this tendency the Medea complex after the grim heroine of Greek myth who, after seeing Jason, her husband, transfer his love from her to their children, deprives him of the children in revenge.

We might call the incestuous love of a mother for her son the Phaedra complex, although Euripides makes Hippolytus not the son but the stepson of Phaedra. Overt incest was unbearable and unthinkable to the conscious even in those times, and had to be mitigated in some way. The negative side of the complex, i.e. hatred against the rival, was less objectionable than love which trespassed on the incest barrier. Hence a Medea could be shown in all her ruthlessness, but not a mother who longed for the sexual love of her own son.

We also find in Greek tragedy a father who destroys his own children: Heracles. Euripides makes him perpetuate his atrocity in a fit of insanity, but the myths of all nations afford examples of fathers who kill their sons without screening their hostility with mental derangement. However, I know of no classical hero who loves his daughter sexually. Agamemnon, in Aeschylus' tragedy, slaughters his own daughter in order to propitiate the goddess Artemis. We know from authentic data that incest of a mother with her son is rarer in reality than incest of a father with his daughter. Hence, it is to be expected that we should show surprise at finding a Phaedra in Greek myths, but no archetype of the father-daughter relationship. It is possible that such a relationship did not seem sufficiently tragic to the Hellenes to be worthy of the cathartic stage. However, we do find the motive in the Jewish Biblical myth of the daughters of Lot lying with their father, as well as in the tale of Wotan and the Valkyries in the Eddas. The Bible, however, attributes all such guilt to the daughters who ply their father with such quantities of liquor that he becomes insen-

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sible. The father-daughter relationship, though veiled, is obvious in the Amphitryon myth. Amphitryon is the husband of Alcmene, with whom Zeus, the All-Father, sleeps, disguised as her absent husband. Alcmene gives birth to twins, one the son of Amphitryon, the other—Heracles—the son of Zeus.

Vast and weighty are the motives, used and useful in literature dealing with intermediary figures which can be reduced ultimately to the child-parent relationship. Siblings who are in love with each other, as in Byron's *Manfred*, and siblings who, like Cain and Abel, hate each other, as in Schiller's *Bride of Messina*, obviously belong to this category. In the case of Cain and Abel, it is clear that the invisible third is God the Father. He rejects Cain's but accepts Abel's sacrifice. The motive in the Cinderella legend puts the redeeming prince in the place of the father. The mother's role is divided between the evil stepmother and the good fairy. The former constitutes an integral part of the Cinderella complex and plays the major role in the conflict. Transference upon a prince is generally but a vain attempt—a non-fulfilment which leads the Cinderellas of everyday life to become depressed and to long for redemption.

Psychoanalysis has illuminated the erotomania of the Don Juan type, the feminine counterpart of which is Messalina, the third wife of the Roman Emperor, Claudius, who became notorious for her licentious conduct. The very essence of a Don Juan lies not in his incontinence but in his faithlessness. He flees from the arms of his *inamorata* as though pursued by the very devil. Impelled as from an inner force to win the fair one's favor, himself speedily disenchanted, he must disenchant her also, and cruelly abandons her, only to fly to the arms of another. Psychoanalysis traces this double chase of the eternal seeker back to the unconscious longing for his own mother. Every woman becomes a mother image because, and as long as, she seems to be unattainable. Once she is his, once she is revealed as a reality, she is no longer fitted to guide the eternal demoniacal search of Don Juan. Erotomania frequently conceals latent homosexuality. Actually, the love partner of the opposite sex means little or nothing to a man of this type, and the excited, uninterrupted hunting of women is but a specious veil to hide this formidable fact. This type of Don Juan is often content with merely a romantic, sometimes rather cynical adoration of women, and scrupulously avoids reaching his pretended goal. Dreams of such types reveal homosexual instincts concealed in their conscious state in apprehension of the unwritten laws of society.

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A certain motive which appears frequently in literature describing latent homosexuality is the Kandaules motive, derived from a tale by Herodotus in which Kandaules, King of Lydia, persuades his best friend, Gyges, to hide behind the bedroom door in order to observe the naked beauty of his wife. Many men value their best friend more than their wife and deliberately close both eyes to any intrigue that may be established between wife and friend. Formerly, novelists and playwrights presented the eternal triangle from two angles only; the third side of the triangle, leading from the husband to his friend and often the very key of the problem, was totally ignored. Since the laws of bisexuality have become known, however, this side of the equation has been given more consideration. Latent homosexual impulses are among the main causes of unhappy marriages, and this fact will doubtless be recognized and utilized more and more frequently in the literature of our times.¹

While the narcissistic element is evident in the writings of all ages, psychoanalysis here, too, reveals the hidden core. The motive of the fable—"Mirror, mirror on the wall, Who is the fairest of them all?"—is thoroughly narcissistic. Out of this narcissism are man-woman and child-woman created. To the mirror belong the spoils. By child-woman we mean strile women for whom the whole world holds nothing but their mirrors, women who never give of themselves, never discharge any libido to living objects outside of themselves. They conquer—they cannot be conquered; they possess—they cannot be possessed. A certain type of man falls for this type of woman. Literature and history are full of them. One has even spoken of a neurosis which feminine men often develop: the Lilith neurosis. Lilith—according to medieval biblical tradition was Adam's first wife who bore him no children, a woman of demonic beauty who runs away from Adam after 130 years. She survives as the dangerous woman, antisocial, amoral, sterile and of eternal youth. Women of the destructive beauty of Delilah, Helen of Troy, Cleopatra, Lucrezia Borgia (consider the great moment in Victor Hugo's play when Lucrezia triumphantly says to the cardinals, her unhappy guests at dinner: "*J'ai une chose à vous dire, messeigneurs! Vous êtes tous empoisonnés!*")—"I have something to

¹ Some years ago Noel Coward had great success with his comedy "Design for Living" in which two friends after finding out that one of them had an affair with the wife of the other make up their minds to forsake the woman and to continue their friendship without her.

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tell you, milords. You are all poisoned!'), and other heroines such as the Abbé Prévost's Manon Lescaut, Zola's Nana, or even Shakspeare's Cressida, are all narcissistic women.

To the same group belongs Brunhild, Queen of Iceland, in the *Nibelungenlied*, who vows that she will marry only a man who is stronger than herself—a superman. But such a man does not exist for her. If there were such a paragon, he would be certain to be wary of such a woman and elude her. The man a Brunhild marries is doomed to a lifetime of despair, for the narcissistic Brunhild will never forgive him for having taken her virginity. Behind her reluctance and acrimony, psychoanalysis detects an unconscious father fixation. The father represents the superman, the all-omnipotent, the prince of perfection whose equal cannot be found on land or sea.

Perhaps the best-known love story of a man-woman with their feminine admirers is George Sand and Alfred de Musset, also Chopin. These two exquisite artists fell under her spell and she tortured them. A man-woman is not satisfied with the adoration of weak men. As only weak men fall for a masculine woman, she punishes them for not being the type for whom she longs in vain.

To-day, when Nazi Germany draws her inspiration from Richard Wagner's operas, the world can see more clearly how full of perversions the books of Wagner are. Parsifal is the apotheosis of homosexuality in which the woman is doomed to play the role of the temptress, ruining man's soul. Wotan is clearly in love with his daughter Brunhild, Siegfried's parents are brother and sister. Even in Tristan and Isolde the fact is but thinly veiled that Isolde plays the role of Tristan's mother just as king Mark is his father. [≈] Narcissism in a man frequently leads to what is known as a Jehovah complex. [≈] Men of this type are incapable of error, brook no criticism, are all-seeing, all-powerful. They represent the counterpart of the Belshazzar complex: "Jehovah, I shall forever laugh at you." As a matter of fact, the Jehovah complex is the natural end of a Belshazzar. The defiant son becomes the terrible father, an act of identification on a basic narcissism and a strong aggressive component—sadism. [≈]

Possessive and exhibitionistic motives also belong to narcissism. The story of Lady Godiva, Maeterlinck's Monna Vanna, and Schnitzler's Fräulein Else show how a repressed tendency to exhibitionism (and peeping) is metamorphosed from a wish, a lustful urge, into a terrible self-punishment. Psychoanalysis introduces

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here the concept of ambivalence. Fundamentally, all of us yearn for that which we also fear or hate. We say yes and no simultaneously to one and the same thing. We want it, and yet we do not want it. Thus the masochist enjoys his suffering, and the sadist torments the object of his love, generally blind to the fact that he does so because he loves her. Hatred is the outgrowth of love.

Looking down this line of tragic motives (one could prolong it indefinitely), we find that the real poets were not in need of psychoanalysis for a comprehension of all the various and often so contradictory tendencies of the human soul. Psychology is still a youthful science, limping its way into the breakwater of the poet's psychology. It becomes a source of constant amazement to find all the complexes which psychoanalysis has brought to light recurring again and again, unconscious, in the art and literature of all times and all nations. But it remained for psychoanalysis to elaborate these motives until they became scientifically clarified. Today it seems that poets listen with breathless tensely to the teaching of psychoanalysis, with the result that they annul the repression forced on us by civilization with a lucidity, one might almost say a brutality, hitherto unknown. They seem akin to the psychoanalyst who endeavours to undo the repressions of his patients by making conscious the complexes which besiege them. We see the phalanx of modern poets at work bluntly disclosing what even the Greek tragedians did not dare to reveal fully in its crude nakedness.

It is not easy to predict whether this will lead us to a new golden age or to a decline of art. Real art cannot be created by cold, geometrical means. It cannot possibly suffice for one to study the case histories and mechanisms of Freud and then transplant his scientific discoveries into the drama and the novel. Even after Freud one will have to be of authentic poetic stuff in order to create real poetry. It does seem, however, a comparatively easy matter to hoodwink a naïve audience for some time with sons who, according to Freud's teaching, clash with their fathers or with elderly queens, thus exposing their sadistic and masochistic regressions. Psychoanalysis, more than any other form of psychology, perceives that art is deeply rooted in the unconscious depths of the artist, mysterious as the intricate patterns of an Oriental rug, which patterns (like everything else) are subject to cheap imitation. One does not really comprehend Freud, if one believes that his mission is to break off cultural repressions. If that were so, we would soon reach the terminus of all culture. This is the

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favourite barb which those who assail psychoanalysis hurl against the teachings of Freud.

The little boy really wants to kill his father, although he loves him, and would do so could he but summon the necessary courage and strength. He also wishes to lie in bed with his mother, to fondle and to be fondled, and this he accomplishes as far as he is able. However, he soon learns to renounce these impulses, both the hostile and the sexual ones, and forgets them completely, unless the desires are of a pathological nature. His character in later life depends on these primeval impulses, and the subsequent primeval renunciation. The poet shows us types in the mirror of his epoch. It is no longer possible to stir the people of our time poetically with the bare, crudely conscious Oedipus complex. The true poet shows us the Oedipus complex screened or camouflaged in a manner befitting the repression of our millennium. Even Sophocles, who tells us of a man who killed his father and married his own mother, developed this double atrocity out of a tragic error. Oedipus knew neither his father nor his mother.

Mankind—without being aware of it—was always stirred by the Oedipus complex. Almost every century had its representative Oedipus tragedy, whether they actually revived Oedipus Rex in a play or disguised the motive in various stories.

Dante Alighieri in the 14th Century sings of his narcissistic love for Beatrice Portinari to whom he never spoke, whom he saw but twice in his life. It is not exactly this kind of love which can make women happy. Beatrice is revealed as Dante's mother imago when she receives him in Paradise as Mother Church.

Hamlet is the great Oedipus tragedy of the late Renaissance—repression has made considerable progress. Hamlet cannot love Ophelia, because he has a mother fixation. Neither Shakspeare nor his audience was conscious of this causal relationship, however. According to Freud's ingenious interpretation Hamlet cannot revenge his father, cannot fulfil the ghost's command to kill his (Hamlet's) stepfather, because the murder of his father was a deed which Hamlet himself has long harboured as a design in his unconscious. Hence his irresolution. He hesitates and hesitates until it is too late, and he himself, together with the other main figures of the tragedy, lies dead on the stage. Hamlet's unconscious guilt kills him simultaneously with his victims. The poet himself is obviously not conscious of this hidden motive, yet the tendrils of his unconscious reach out and stimulate the unconscious in his audi-

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ence. Poetry should not be too apparent, lest its beauty change into atrocity and pathological abnormality far removed from our heart's ease and understanding.

In the 18th Century Jean Jacques Rousseau reveals his mother fixation in his famous novel: *La Nouvelle Heloise*. „A morbid incestuous affection is the driving force of the bombastic outburst.

The so-called Faustian man as created by Goethe is in eternal, never succeeding search for his mother. Therefore, the end of the tragedy in Heaven, a conscious imitation of Dante, the holy virgin receiving Faust's ever restless soul.'

In nineteen hundred and thirty-one one of America's greatest playwrights—Eugene O'Neill published his Oedipus tragedy *Mourning — Becomes Electra*. He proudly and openly reveals that the great Aeschylean trilogy was his model. He has merely translated the tragedy to New England in the time of Lincoln. His work, unquestionably a masterpiece, is apparently intended to show that the motives used by the Greek dramatists are archetypes of humanity, just as alive for us of 1931 A. D. as for the Hellenes of 458 B. C.

The wife, Christina (Clytemnestra), kills her homecoming husband, Ezra Marston (Agamemnon), because he does not make her happy, and is an obstacle to her happiness with his remote relative, Brant (Aegisthus)—the Clytemnestra complex. She persuades her lover to help her murder her husband. A daughter, Lavina (Electra), who is in love with her father, and—as a matter of transference—also is in love with her mother's lover, discovers the murder, thus gaining the right to take revenge against her mother in the name of justice—Electra complex. A son, Orin (Orestes), who is in love with his mother, also feels justified in killing his father's murderer, Brant (Aegisthus), whom he hates because of jealousy.

What the classical stage depicted in 458 B. C. disguised in religious shivers, what Shakespeare was unable to make conscious about 1600 in his *Hamlet*, because the results of two thousand years of repression lay between, seemingly becomes fit for the stage after Freud's unveiling of the secret processes of the unconscious. Not so the naked murder of the mother, however; apparently, such a deed still remains taboo for the stage in our culture. Orestes kills his mother in obedience to Apollo's decree. Orin does not kill his mother with his own hands; he drives her to take her own life. However, he is ceaselessly tortured with the sense of his guilt, and the effect is the same. The greatest dissimilarity is to be found in the position of the feminine characters in conformity with the

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changed social status of women since the days of antiquity. With Aeschylus, *Electra* is merely the pliant instrument of Orestes, who as hero and prince apparently metes out revenge in accordance with divine and human laws. With O'Neill, Orin is of morbid spirit, the victim of a headwound received in battle. Timid and weak-willed, he is but a tool of his demonic sister, Lavinia (*Electra*), who finally goads him to suicide. This Lavinia-*Electra* finds her model neither in Aeschylus, Sophocles, nor Euripides. We find her in Hugo von Hoffmanthal's *Electra*, written about 1910 and directly inspired by Freud's investigations. Hoffmanthal's *Electra* served as the libretto for Richard Strauss' opera of the same name. The third play of Aeschylus' trilogy is taken up with Orestes' atonement through the intervention of the gods on his behalf, a form of atonement not within the scope of modern man. The play of guilt and atonement between men and their gods is limited to the ancients. We have reduced our conflicts to our own ego which plays within the limits of our own personalities, and it is thus we desire to see them represented on our stage. Accordingly, O'Neill has constructed the third act of his play independently of the Greek playwright, but always with a profound knowledge of Freud's incest complex. Lavinia grows more and more like her mother. The tormented, morbid brother falls in love with her and perishes because of that love. Lavinia alone remains, but even she, the sadistic man-woman, loses courage and buries herself alive in the house of the Tantalides, to live out the Mannon curse.

O'Neill dares to exhibit on the stage the primeval, unmasked complexes of incestuous love and incestuous hatred, conflicts which civilization has not yet been able to eliminate. About 1900, Freud began to describe these motives. Thirty years later, while the scientific world still hesitates to accept them, we saw them on our stage. For this, O'Neill employed a special technique. His figures stride over the stage as in a dream, with rigid, masklike demeanours. He depicted them charged with fate. In the earlier *Strange Interlude*, another masterpiece, O'Neill used a different technique to make his figures express their unconscious part from their conscious. They spoke simultaneously two different tongues. The poet has abandoned this method which led occasionally to involuntary ludicrous results, and uses now a symbolic language and stage technique, borrowed from the dream and analytical dream interpretation. The effect is more powerful, dramatically intensified. Here we have a new trilogy directly representative of the Oedipus, Medea, and Manfred complexes, the unconscious, and the dream.

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Certainly, it will be no easy task to find one's way back to an art which has now become shallow, since psychoanalysis has led us so far beyond it.²

² Since this sketch on "Psychoanalysis and Literature" was written, psychoanalysis which still is hypocritically belittled and put in its place in all official textbooks of psychiatry, has begun to almost swallow psychiatry in public opinion. The two words are used almost as synonyms. In many plays, novels, long and short stories psychoanalysis has become the subject of interest. We possess now a number of novels (I mention only the one by Arthur Koestler), in which hero or heroine are psychoanalyzed by a more or less sympathetic doctor. We even had a musical comedy on Broadway stage, received with tremendous success (*Lady in the Dark* by Moss Hart) in which the heroine dances her psychoanalytic way to happiness out of the dark. However, I do not consider it my task here to review psychoanalysis as a literary subject.

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1

BEFORE Freud we did not understand why human beings behaved the way they did; indeed we did not even notice that there was anything peculiar about their behaviour. In analyzing neurotics Freud saw the hidden meaning in what seemed to be without a meaning. He saw that their attitude was ambivalent with regard to the object world, that is, a mixture of love and hatred. He saw that they projected their own emotion to others, felt themselves persecuted when they were really the aggressors. In their phobias he discovered the latent Oedipus wish and could prove that when they talked about a horse they unconsciously meant the father. The analogy with taboo, ghosts and, totemism is very obvious and thus in 1912 *Totem and Taboo* was published and the path was open for psychoanalytic anthropology.

The key that unlocked the mysteries of dreams and neurosis was soon applied to the understanding of mythology. Myths are told and retold; customs return in different areas with certain variations. In interpreting dreams and also the patients' symptoms, psychoanalysts had learned that things might mean something different from their accepted significance, and that the many variations of a theme in mythology could be reduced to one common denominator. As this common denominator was always libidinal, the reason for telling myths became clear.

2) Psychoanalysts who happened to be interested in these subjects were usually the authors of these first attempts to apply psychoanalysis to the understanding of anthropology, mythology and religion. This was the origin of Riklin's book on the folk-tale, Abraham's on myth, and also of many learned essays by Jones later published in book form. Rank as a classical philologist, Rank as a biblical scholar, went beyond this and became specialists in their own fields.

3) The writer of this article was the first anthropologist who fully accepted the psychoanalytic method. This was in several papers in the Hungarian anthropological publication "Etnographia" (the first of which was published in 1915), in German

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in the "Imago," and' in book form (Spiegelzauber, 1919) and in English in "The International Journal of Psychoanalysis." In England two leading anthropologists began to be interested in Freud and his school. Rivers in his "Dream and Myth," accepted some of Freud's findings, and C. G. Seligman and Mrs. Seligman were cautiously moving in the same direction. This was the starting point of a very significant phase in the co-operation or fusion of psychoanalysis and anthropology.

Malinowski was doing field work in the Trobriand Islands. He had no knowledge of psychoanalysis at that time, had not been analyzed himself nor, of course, had he practiced psychoanalysis. He writes about this phase of his work:

"Later only stimulated by some literature sent to me by Dr. C. G. Seligman and by his advice did I begin to *test* (my italics) Freud's theory of dreams as the expressions of "repressed" wishes and of the unconscious."¹

These lines show a complete lack of understanding of the whole subject. How is he going to test the theory if he does not know how to use the method?

Later, he realized that there was something wrong about all this. "I have come to realize since the above was written that no orthodox or semi-orthodox psychoanalyst would accept my statement of the 'complex' or of any aspect of the doctrine."² But that did not prevent him from continuing to criticize what he never understood.

4) Malinowski as a theorist is one chapter and Malinowski as a field worker—that is quite another story. Here we find him, undoubtedly under the influence of psychoanalysis, pioneering into jungles hitherto unknown to the anthropologist. That people have a sex life, that children have to grow up, that individuals may be well adjusted to their social group or not well adjusted, these are all new ideas in anthropology. Malinowski had a keen eye for details and also for the inter-relatedness of the various aspects of social and cultural life.

5) From the end of the year 1928 to spring 1931 the writer was doing his field work in Somaliland, Central Australia, Normanby Island and among the Yuma Indians in Arizona. Here for the first time in the history of anthropology somebody who had been analyzed himself and who had practiced analysis came into contact

¹ B. Malinowski: *The Sexual Life of Savages in Northwestern Melanesia*, 325, 1929.

² B. Malinowski, *Sex and Repression in Savage Society*, 75, 1927.

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with primitive society. Some of the results have been published in books and papers, but I am still under the obligation to publish a complete report of all areas. From the theoretical point of view the result was that I substituted the ontogenetic theory of culture for the primal horde theory of Freud. Freud believes that in primeval times human beings lived in a form of social organization that has been called the Cyclopean family by Atkinson.³ It consists of a strong old male living with a harem and with his sons until they are grown up. Then the Jealous Sire drives the sons out of the horde and as long as he can, remains sole Lord of the Harem. Later they unite their efforts against him, kill him, then fight it out among themselves with one of them remaining master of the situation. This is repeated again and again till gradually in post-mortem obedience to their father's will, the brothers acquire a conscience and forbid themselves to do what father would not have them do, viz., marry their mother and kill any member of their own group. The taboo is inherited in what has been termed a racial unconscious and forms the basic element in human conflict. ²

Now, I still believe Freud was right in his assumption and that human beings probably lived in groups like the Primal Horde of Freud's *Totem and Taboo*. But what I find unnecessary is the daring hypothesis of a racial unconscious and instead I attempt to base our understanding of human nature on *man's delayed infancy*. However, we shall come to this later. What struck me while doing my field work was that there was a certain correlation between an habitual infancy situation and the typical sublimations or dominant ideas of a group.

In Central Australia we have a society in which the cleavage between the sacred and the profane is strongly emphasized. Sacred means the world of the initiated—the men. Profane means the uninitiated—the young people and the women. If a woman comes anywhere near the territory where the initiation ceremony is being held, she is killed. "*Mulier taceat in ecclesia.*"

The symbol (in the sense of a conscious symbol) of these rites is the bull-roarer, a slab of wood shaped very much like a fish with a hole at one end. By a string that is pulled through this hole they whirl this sacred instrument and by doing so with the proper incantation they can win the love of an *alknarintja* woman. *Alkna* means eyes, *arintja* means to turn away. These are women, who

³ A. Lang and F. Atkinson: *Social Origins and Primal Law*, 1903.

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are supposed not to want to have anything to do with men, but they can not resist the magic of the bull-roarer (a penis symbol). Dreams about *alknarintja* women actually occurred while I was in the field and it was quite clear that in these dreams the *alknarintja* woman was the mother. To dream of an *alknarintja* woman was regarded as dangerous because she would be a woman of the *nyurpma* (incestuous) type and in the dream she will sit on a man's penis and compel him to cohabit with her in that way. Now this is exactly what happens to them in childhood for the naked mother lies on the naked boy like a man upon a woman. This *alknarintja*-mother of childhood is a phallic mother for this element came out very strongly in children's dreams. It is evident that the undeveloped ego must have a hard struggle in dealing with this premature and inverted gratification of the Oedipus desire. While in this situation the boy has already acquired the Oedipus and the castration complex. The situation itself with the boy occupying the position in which he has probably seen the mother under the father of course must re-emphasize not only the Oedipus complex but also the castration anxiety. Pleasure and anxiety are inextricably blended and a great effort is made by the ego and the super-ego to repress this premature fixation. In dealing with women, a sadistic maleness replaces the early phallic mother situation. Ritual and society aim at being purely male, at diverting libido from the mother to the father or to the group of fathers. In offering themselves to the young men as substitutes for their mothers, the fathers (symbolically) become females in the ritual of subincision. The central event of the puberty ritual and therefore of ritual in general is called *ngallunga*. The men show the slit or opening on the subincised penis to the boy who is to be initiated and the meaning of this ritual is said to be that they, i.e. the men and the boys, should be good friends (*ngallunga*—we two together). But the subincision wound and the subincised penis is called a vagina in the sacred songs thereby proving our interpretation that the tendency of the whole ritual is to substitute a "vaginal father" (term suggested by Dr. Lorand) for a phallic mother. The role of the phallic mother is then taken over by the *inkata*, the group father or chief—the man with the *tjurunga*, i.e. the penis covered by vaginal symbols (concentric circles) which he shows to the young men and which is the source of human and animal fertility.

6) When I first wrote on this same subject some years ago, it was possible to leave matters at this point; this was about as far

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as psychoanalytic anthropology had got. Since then many similar correlations between an infancy situation and the personality or the culture of a group have been found. One of the most remarkable and striking instances is the situation in Bali, the knowledge of which we owe to the brilliant researches of Dr. Mead and Dr. Bateson. Mothers here behave in a way to their children that is anything but "motherly." Their one aim seems to be to stimulate their children as much as they can genitally or otherwise, and then to "break off the climax," to act completely indifferent to the child's manifestation of emotion and to leave the child in a state of sullen unhappiness. For instance, when the baby fails to nurse, the mother tickles his lips with her nipple only to look away uninterested, no slightest nerve attending. As soon as the baby's lips close firmly and it begins to suck, she hands her baby to another woman and then threatens to leave him. "I'm off home! You I will leave." But when the baby bursts out into tears her attention has already wandered. This is the way it goes on and the mother even borrows babies of others with which to tease her own. The intensity of the drama is "centered about the mother's breast and a Balinese baby habitually nurses at one breast and grasps firmly at the other nipple especially when there are any other children about."⁴

Life for the child consists in a series of frustrations and the result is the unthinkable; a *schizophrenic culture*. This must be taken *cum grano salis* as there are compensating mechanisms which make group living possible.⁵ But what interests us here is that in adult life we find that the culture dramatizes the ontogenetic trauma.

The Witch play or *tjalonarang* begins as an ordinary theatrical performance and ends in a series of violent trances. The scenes are performed by masked dancers and it is in this play that the Balinese theatre reaches the height of its magnificence.

The Tjalon Arang is not an "ordinary play but a powerful exorcism against *leyaks* (witches), because by dramatizing Rangda's triumphs, the Balinese aim to gain her good will."⁶ This is the plot as enacted on the stage. The Witch is angry at the King

⁴ G. Bateson and M. Mead: *Balinese Character*, Special Publication of the New York Academy of Sciences II, 32, 33, 1942.

⁵ By the way, if I am not mistaken, it was Margaret Mead who thought I had no right to compare culture to neurosis because culture is a form of group living. M. Mead: Review of "The Riddle of the Sphinx," *Character and Personality*, 90, 1935. Now may I ask, how about Bali and schizophrenia?

⁶ M. Covarrubias, *Island of Bali*, 330, 1937.

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because the King or the King's son has rejected her or her daughter. She and the little witches spread plague and disaster over the land. The Witch is a masked supernatural being whose tongue is studded with flame, whose nails are many inches, whose breasts are abhorrently hairy and pendulous and whose teeth are tusks. On the other hand we have the Dragon,⁷ a friendly and puppyish beast who represents the King. "Followers of the dragon armed with krisses enter and approach the witch, ready to attack her. But she waves her magic cloth—(the baby sling)—and after each attack they crouch down before her, magically cowed. Finally they rush upon her in pairs, stabbing ineffectively at the Witch who has become a half limp bundle in their tense arms. She is uninvolved and offers no resistance but one by one they fall to the ground, in deep trance, some limp, some rigid! From this trance they are aroused by the Dragon who claps his jaws over them or by his priest sprinkling his holy water. Now able to move again—in a somnambulistic state, they turn their daggers which were powerless against the Witch against their own breasts, fixing them against a spot which is said to itch unbearably."⁸ Thus symbolically they complete the cycle of the childhood trauma—the approach to the mother, the rejection and the turn in upon themselves. "Women participate in these scenes but they do not attack the witch. They merely turn their daggers against themselves." The point is certainly proved here and it is worthwhile going through the photographic material so skillfully gathered by Bateson and to study the close correspondence between the village drama and the ontogenetic trauma.

I think we can go further than the authors actually do in interpreting this situation. The drama is based on a legend and the legend has a different outcome than the theatrical scene. "In some of the old written versions of this plot, the Witch is killed, but attempts to introduce this form onto the stage have failed."⁹ But we are told that this is a magic play and in magic, the magician—the human being—must always be triumphant against all supernatural enemies. The reason why the end of the story has been changed is an instructive instance in the psychological mechanism

⁷ The Dragon points to China (Covarrubias, *op. cit.*, 356) but the name (barong) is also applied to masked dancers of a Melanesian type. W. Spies: "Das grosse Fest im Dorfe Trunjan" *Tijdschrift voor Indische Taal, Land en Volkenkunde*, Deel LXXIII, 220–244, 1933.

⁸ M. Mead: *Op. cit.*, 34, 35. G. Bateson, *op. cit.*, 164–171.

⁹ M. Mead: *Op. cit.*, 35.

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of borrowing. The masks called Rangdās (widows) are unknown in the oldest villages "and the character and appearance of the witch presents a striking similarity to the wild-eyed, fanged demons of Tibet and northern India, where Tantric Buddhism holds sway. In Nepal there is a long-haired devil *lakahe*, who dances like Rangda holding a white cloth which it uses as a weapon."¹⁰ When the drama was introduced into Bali the end had to be changed into a victory of the witch because of the extremely frustrating nature of infantile experience in Bali. But then how can it serve the magical aim of exorcising the witch, i.e. where is the latent wish fulfillment? We assume that it lies concealed in the kris, the phallic weapon¹¹ and that the climax represents this wish fulfillment in a masochistic form. The itching spot on the *breast* is really the itch in the mother (vagina) and the unconscious content of the dance and the trance is the Oedipus wish fulfilled, or coitus with the mother. Both sexes participate in the dance but only the boys attack the witch. A photo in the "Island of Bali" (Covarrubias) shows the moment when the dancer stabs himself and goes into a trance; the posture is that of the *arc de cercle*. It is interesting in this connection to quote from a paper published by Freud in 1909 on the trance in hysteria. An extraordinary degree "of distortion is achieved by the antagonistic inversion of innervations the result of which is like in dreams that an element is represented by the opposite. Thus an embrace by the arms convulsively withdrawn till the hands meet behind the back. Possibly the well-known arc de cercle of the great hysterical fit, is nothing but an energetic denial of coitus in an antagonistically innervated posture."¹²

7) Considerations of space make it impossible to go into any

¹⁰ M. Covarrubias: *Island of Bali*, 354, 355, 1937. The widow in whose legend fire and the cremation tower play such a conspicuous rôle, is probably somehow connected with the Hindu custom of Sati, i.e., cf., burning the widow. Cf. W. Crooke: *The Popular Religion and Folk-Lore of Northern India*, I, 127, 1896. J. C. Omen: *Cults, Customs and Superstitions of India*, 117, 1908, and is certainly one of the forms of Durga (Kali). Cf. C. D. Daly: "Hindu Mythologie und Kastrations Komplex," *Imago* XIII, 145-198. In one version the witch revives a corpse, plays with it like a mother with her child and then offers the corpse-child as a sacrifice to Durga. B. Zoete and W. Spies: *Dance and Drama in Bali*, 117, 1939.

¹¹ On the kris as a serpent, cf. J. D. E. Schmeltz, "Indonesische Prunkwaffen," *Internationales Archiv für Ethnographie*, III, 85-117, 1890.

¹² S. Freud: *Gesammelte Schriften*, V, 256 (Allgemeines über den hysterischen Anfall," *Zeitschrift für Psychotherapie und medizinische Psychologie*, I, 1909. This interpretation was subsequently confirmed by E. Weiss, "Zum psychologischen Verstandniss des arc de cercle," *Zeitschrift für Psychoanalyse*, X, 438, 1924. Cf. O. Fenichel: *Hysterie und Zwangsneurosen*, 34, 35, 1931.

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further details. Suffice it is to say that anthropologists in the field have amply confirmed my theory of the interrelatedness of the ontogenetic trauma and the specific cultural setting or sublimation. However here we have, as I have pointed out several times, a hen and egg problem. Does the hen (culture) come from the egg (childhood situation) or the egg from the hen? Do people develop in a particular way because of what has happened to them in their childhood (psychoanalytic viewpoint)—or do parents behave in a particular way to their children because “society” or “culture” makes them do just those things (sociological viewpoint)? What happens if we assume the priority of the hen, i.e. of culture? This is what most anthropologists actually do. This view has been presented with certain modifications by Dr. Kardiner. The standpoint taken by this author (and many others) is that institutions confront the individual as external forces *whatever their origin* (my italics) and as such they are responsible for moulding and forming the personality of that individual. Dr. Kardiner believes that a human being in every society finds himself confronted by certain basic disciplines, a set of institutions to which he reacts in a certain way and in doing so becomes the author of another set of group phenomena.¹³ So this is really a compromise theory: half a hen lays an egg and from that egg we get the other half of the hen. But apart from this the crucial point is a very simple one. The basic disciplines (Kardiner) are what parents do to the children. Now if we can show that parental behaviour is dependent on climate or in any other way on external conditions the theory might be helpful in explaining the ways of mankind. But this is by no means the case. There are no environmental factors which make a Balinese mother behave in such a peculiarly cruel way to her children. If, by some representatives of this school, the pressure of such environmental factors is not claimed, the answer will probably be that mothers or fathers behave in a certain way because their mothers and fathers behaved that way when they were children. This answer is of course psychoanalytically correct, but not helpful. It evades the problem by moving it one step backward in the succession of generations.

8) The symbiosis of parent-child is a libidinal situation not only from the infant's point of view but also from that of the parent.

¹³ Dr. A. Kardiner: *The Individual and His Society*, 1939. Cf. Róheim: “Society and the Individual,” *The Psychoanalytic Quarterly*, LX, 526-545, 1940 (a critical review of Dr. Kardiner's book).

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As such it is fraught with all the intrinsic difficulties and conflicts inherent in human nature. When I first evolved my theory of the ontogenetic trauma my attention was also focussed on the fact that just as one human group differs from the other in the infancy situation, mankind at large differs from the animal world—also in the infancy situation. Man not only has a delayed infancy, a slowed-down rate of development as compared to the animal world but in certain features of his anatomical development also remains permanently infantile.¹⁴

"The typical adult condition of hair on the head but almost complete absence of hair on the body is passed through as a temporary condition at about the time of birth by the anthropoid ape. The hymen of the human female has been stated to represent the persistence of what in lower mammals is an embryonic stage in the development of the urino-genital system. Most striking of all, the general form of the human face and the skull, with its absence of snout and of bony ridges of the cranium, is quite similar to that of the foetal or newborn ape, but quite dissimilar to that of the adult."¹⁵ In a recently published book¹⁶ I have attempted to explain human culture not as developing out of nowhere in opposition to human nature but as derivable from man's delayed infancy and permanent infantilism.

The specific goals of primitive societies are by no means conditioned by their environment or by practical considerations. They are a series of solutions offered by various human groups for the pre-Oedipal and Oedipal conflicts inherent in the infancy situation. Growing-up from the point of view of the unconscious is an attempt to regain the "paradise lost" of infancy. Our specific ways of adapting to reality are based on inventions and these inventions are sublimations of infantile conflict situations. Culture itself is the creation of a substitute object; the substitute object partakes both of narcissistic and object erotic qualities, represents both the mother and the child. In this respect it is identical with the mechanism of play: a defense against separation anxiety based on a transition from the passive to the active position. Mankind is the only mammal that produces food (restitution mechanisms with

¹⁴ Cf. L. Bolk: *Das Problem der Menschwerdung*, 1926. Róheim: *The Riddle of the Sphinx*, 1934.

¹⁵ J. Huxley: *Evolution*, 526 (London: George Allen & Unwin Ltd., 1942)

¹⁶ Róheim: *The Origin and Function of Culture* (Nervous and Mental Disease Monograph Series No. 69, 1943).

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food as symbol of the child) and that lives mainly by co-operation (= symbiosis = mother-child situation).

Civilization originates in "delayed infancy and its function is security. It is a huge network of more or less successful attempts to protect mankind against the danger of object loss, the colossal efforts made by a baby who is afraid of being left alone in the dark."¹⁷

We assume that this delayed infancy together with the *relatively*¹⁸ premature incidence of genital sexuality is the biological basis for the universally human Oedipus complex. Then we find that various human groups act very differently in the parent-child relationship, that is, that a variety of solutions of one intrinsic conflict are accepted as the right way to behave with children.¹⁹ These are what I have called the ontogenetic traumata that underlie the original cultural variations.

What is the origin of these varying solutions of the child-parent relationship? There is certainly no environmental or practical reason why certain mothers should hurriedly shove solid food into the child's mouth while others love to caress their infants at the breast. We can not find any rationalistic or "sociological" reason why certain fathers should bite their son's penis or why one Semitic tribe should circumcise the baby and another not. But we know that individuals too have various ways of dealing with their conflicts and that the choice of a particular type of neurosis or personality depends both on what they have experienced and what constitutional factors (i.e. enhanced 'erotic' cathexis of one of the erogenous zones) they have been born with. (Freud's formula: *Daimón Kai Tyche*). I doubt whether we should assume original racial or group variations in this respect. It seems more likely that the custom is started by one individual and the group being very small one individual manages to create a custom so that her (or his) way becomes the right way.²⁰

However there is another aspect of this question which has not

¹⁷ Róheim: *Origin and Function of Culture*, 100, 1913.

¹⁸ As compared to the development of the body cf. Róheim: *The Riddle of the Sphinx*, 248, 1934; L. Bolk: *Das Problem der Menschwerdung*, 23-25, 1926.

¹⁹ Representatives of the "cultural school" would probably say that the parent-child relationship is far from natural. Dr. Kardiner questions whether we really need maternal tenderness. Kardiner: *The Individual and His Society*, 215, 1939.

²⁰ If we assumed group constitutional differences as basic factor, national character would have to be a stable entity through the centuries based on the recurrence of the same infancy situation. We know, however, that the "personality" of nations is extremely variable. Cf. H. Fyfe: *The Illusion of National Character*, 1940.

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been brought out in these discussions. We can see how the Bali mother becomes a witch because of the things she does to her child. But the Normanby Island mother does quite different things to her child and yet she is also a witch and a witch who in many details agrees with her sister witch in Bali. And finally in European folklore we again find witches with many features familiar to us from Bali and Normanby—and we don't know exactly what these European witch-mothers did to their children.²¹

In Central Australia mothers lie on their children, European or American mothers don't. Yet the transition from passive to active object relations coupled with homosexual trends and an over-emphasis on maleness in the puberty period are phenomena that are quite familiar to us from clinical analysis. We could go through the list of specific parent-child situations in this way and we would find that each primitive culture only *over-emphasizes* situations and libidinal trends which are also found in our own culture area.²²

Perhaps we can throw some light on this problem by comparing it to an analogous divergence of opinions within psychoanalysis itself. The views on the significance of the *trauma*, that is, of any specific event in childhood, in creating a neurosis, have swung from one extreme to the other. First the trauma was discovered in the "Studies in Hysteria." Then Freud found that certain childhood conflicts were always to be found whatever the behaviour of the parents had been and whatever the type of neurosis or personality we were analyzing might be. The prevailing tendency was to uncover a regular evolutionary sequence (Abraham) or even to find the phylogenetic prehuman background (Haeckel's law) of which this sequence was an abbreviated recapitulation (Ferenczi). Furthermore Melanie Klein and the English analysts found that the child's reactions to the parents did not correspond to the real behaviour of the parents but to the child's own aggressions which formed the basic element in the child's mother and father image. The views of these analysts have again been criticized because they appeared to regard whatever happened to the child in real life as negligible and to view personality merely as a succession of introjections and projections or of "body destructions" and "restitutions." It seems

²¹ On Normanby Island witches, cf. my forthcoming publications containing my field work; on European witches, cf. Róheim: *Adalékok amagyar néphithez* (Contributions to Hungarian Folk Beliefs, 1920).

²² The emphasis is on our own culture area because, due to the thousands of individuals that have been analyzed, this is the area we know best.

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quite evident that research should take both points of view into consideration. Deep interpretations will always tend to be universal while ego-interpretations stand a better chance of revealing specific features in different cultures.

9) The *ego-ideal* is a technical term used with varying connotations in psychoanalytic literature. I will take the case of an actress whom I analyzed to show what I mean by it. Her ideal in the ordinary conscious sense of the word is a certain great actress formerly in Europe and now on the American stage. Analysis reveals that acting is a repetition of the primal scene. We remember that according to Freud's original definition the super-ego consists of two formulae: 1) Don't do what father does (i.e. have intercourse with mother). 2) Do what father does, follow in his footsteps. How do these formulations apply in our case? The forbidding mother, i.e. the super-ego proper, is the cause of her stage fright. How could she be an actress since that means killing mother and having intercourse with father? But on the other hand "the actress" is the conscious equivalent of the unconscious "mother in the primal scene" and the sexual excitement of that scene in which she identified herself with her mother is the introduction to sexual life. Another element of these primal scene memories is seeing and desiring father's penis; as an actress she has a penis²³ and shows it to the whole world. Once during adolescence she opened the door when father and mother were having intercourse and mother was on top. She thought she could only become an actress if she had an affair first—really however, acting was the magic or sublimation²⁴ that warded off all the attacks of the super-ego. The ego-ideal is an identification with the parental imago in its libidinal aspect. It is based on a transition from passivity to activity, from frustration to gratification. In every case sublimation is the path and identification with the ego-ideal, the goal. This identification means the defeat of the super-ego, the denial or annulment of initial frustration. If the traumatic situation is the primal scene, the ego-ideal must be on exhibitionistic lines. If it is a castration threat the ego-ideal must be a castrator, but with "castrating" libidinated as coitus. If the trauma is the mother's pregnancy, body destruction phantasies, and siblings, the ego-ideal will be a restitution phantasy based on erogenous qualities of one of the

²³ Cf. S. Radó: "Fear of Castration in Women," *The Psychoanalytic Quarterly*, II, 424.

²⁴ Róheim "Sublimation," *The Psychoanalytic Quarterly*, XII, 338-351.

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pregenital zones or on phallic eroticism. In primitive societies and also in modern nations we have a group ideal, that is, a certain standard: the way a person in that group should think and behave. *The more primitive a society is the less difference there will be between the group ideal and the ego-ideal.*

In other words, this means that the differences between one Pitjentarā and the other are not as great as between one American and the other. Modern anthropologists will tell us that here we are falling into the error of the *naïve* observer who thinks that all Chinese are yellow and one is just like the other—simply because what he can see in them is only the difference from his own group. Yet this criticism is obviously wrong. For one thing the Pitjentarā or Pindupi is a member of a group of a hundred or perhaps a few hundred people, while a citizen of the United States is a member of a group of a hundred and thirty millions. Moreover, it is quite obvious that the members of a small Australian tribe have all been subjected to exactly the same educational influences, that they all have the same social status and economic position. There is no choice of a profession, (i.e. an individual sublimation) everybody has the same profession. We need not argue the point any further,— it is quite evident. It is true that the ideal (group or ego) and the trauma or ontogenetic situation are correlated but we must assume that the original varying factor is the ontogenetic situation. We cannot attribute *ideals* to *Homo alalus* but we may assume that differences in the cathexis of erogenous zones or in experience might create different patterns of being a parent as different solutions of the Oedipus complex. Once these ideals are created they would tend to perpetuate the same ontogenetic situations from which they are derived. But they can not maintain them for very long because they themselves are merely coatings of the personality, reaction formations to opposite trends. Hence the ontogenetic situation will always tend to vary, to be undermined by not-gratified libidinal factors or through the activity of the super-ego. With this variation in the childhood pattern we have an endogenous mechanism of variation which makes it improbable that groups (tribes, nations) can maintain a stable personality type for more than a few generations. With nations whose history we know we can definitely show how external factors change the idealized “*imago*” of a nation. Hungary had a revolutionary, liberal, Son Hero type of idealism as long as the ruler was an alien, a German (Austrian), a Habsburg. But as soon as the Hungarian ruling

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classes wrested the power from their foreign rulers, they became reactionaries. It is very questionable, however, whether these "imagines" of modern nations idealized by propaganda and literature really mean much, whether they correspond to the personality structure of the majority of the people within that group. Research on a scale now unthinkable would have to be organized before we could answer this question.

BIBLIOGRAPHY

The following books and papers should be read in order to understand the past and present of psychoanalytic anthropology.

- Abraham, K.: *Dreams and Myths* (Nervous and Mental Disease Monograph Series, No. 15, 1913)
- Bateson, G., and Mead, M.: *Balinese Character* (New York: Special Publications of the New York Academy of Sciences, II, 1942)
- Brill, A. A.: "Poetry as an Oral Outlet," *The Psychoanalytic Review*, XVIII, 357-378, (1931)
- Freud, Sigmund: *Civilization and Its Discontents* (New York: Jonathan Cape and Harrison Smith, 1930)
- Totem and Taboo* (New York: Moffat, Yard and Co., 1918)
- Gorer, G.: *Themes in Japanese Culture* (Transactions of the New York Academy of Sciences, Series II, Vol. 5, 106-124, 1943)
- Henry, J.: "Some Cultural Determinants of Hostility in Pilaga Indian Children," *American Journal of Orthopsychiatry*, X, 111-118
- Ericson, E. Homburger: "Observations on Sioux Education," *The Journal of Psychology* (1939)
- Jones, Ernest: *On the Nightmare* (International Psychoanalytic Library, No. 20)
- Essays in Applied Psychoanalysis* (International Psychoanalytic Library, No. 5, 1923)
- "Psychoanalysis and Anthropology," *Journal of the Royal Anthropological Institute*, LIV, 57-67 (1924)
- Kardiner, Abraham: *The Individual and His Society* (New York: Columbia Press, 1939)
- Kluckhohn, Clyde: "Myths and Rituals: A General Theory," *The Harvard Theological Review*, XXXV, 45-79 (1942)
- "Navaho Witchcraft," *Papers of the Peabody Museum of Harvard University*, XXII (1944)
- "The Influence of Psychiatry on Anthropology in the United States During the Past 100 Years," *Centennial History of American Psychiatry* (edited by G. Zilboorg, 1944)
- Kluckhohn, Clyde, and Mowrer, O. H.: "Dynamic Theory of Personality," *Personality and the Behavior Disorders* (New York: Ronald Press Co., 1944)
- St. Lincoln, J.: *The Dream in Primitive Cultures* (London: The Cresset Press, 1935)
- Mead, Margaret: *On the Concept of Plot in Culture* (Transactions of the New York Academy of Sciences, Series II, Vol. 2, No. 1, 1939)
- Money-Kyrle, R.: *The Meaning of Sacrifice* (International Psychoanalytic Library)
- Superstition and Society* (London: Psychoanalytical Epitomes, No. 3, 1939)
- Rank, Otto: *Psychoanalytische Beiträge zur Mythenforschung* (Wien: Internationale Psychoanalytische Bibliothek, No. 4, 1919)
- Reik, Th.: *Ritual. Psychoanalytic Studies* (International Psychoanalytic Library, No. 19)

PSYCHOANALYSIS AND ANTHROPOLOGY

- Riklin, F.: *Wish Fulfillment and Symbolism in Epiry Tales* (Nervous and Mental Disease Monograph Series, No 21, 1915)
- Rivers, W. H. R.: *Dreams and Primitive Culture* (London, 1926)
- Róheim, Géza: *Australian Totemism* (London: Allen and Unwin, 1925)
- Animism, Magic and the Divine King* (London: Kegan and Paul, 1930)
- "The Psychoanalysis of Primitive Cultural Types," *International Journal of Psychoanalysis*, XIII
- "The Evolution of Culture," *International Journal of Psychoanalysis*, XIV, 387-418 (1933)
- The Riddle of the Sphinx* (International Psychoanalytic Library, No. 25, 1934)
- Primitive High Gods* (Supplement Volume to the Psychoanalytic Quarterly, 1934)
- "Myth and Folk-Tale," *American Imago*, II, 266-279 (1940)
- "The Psychoanalytic Interpretation of Culture," *International Journal of Psychoanalysis*, XXII, 147-169 (1941)
- "Transition Rites," *The Psychoanalytic Quarterly*, XI, 336 (1942)
- The Origin and Function of Culture* (Nervous and Mental Disease Monograph Series, No. 69)
- War, Crime and the Covenant* (Forthcoming, 1944)
- Seligman, C. G.: "Anthropology and Psychology," *Journal of the Royal Anthropological Institute*, LIV, 13-46 (1924)
- Seligman, Brenda Z.: "The Incest Barrier: Its Role in Social Organization," *British Journal of Psychology*, XXII, 250-276 (1932)

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